

# Youth Counseling Consent Form

This **youth counseling consent form** includes a confidentiality clause to protect the privacy of the minor during counseling sessions. It outlines the rights and responsibilities of both the counselor and the youth, ensuring informed consent is properly documented.

## Minor Information

Full Name of Minor:

Date of Birth:

Parent/Guardian Contact Email:

## Parent/Guardian Information

Full Name:

Relationship to Minor:

## Purpose of Counseling

The purpose of counseling is to provide the minor with a safe and confidential environment to discuss personal concerns, emotional challenges, or behavioral issues with a qualified counselor.

## Confidentiality Clause

All information shared during youth counseling sessions will remain confidential between the counselor and the minor, except as required by law. Confidentiality may be broken if:

- There is reason to believe the minor may harm themselves or others.
- There is suspicion or disclosure of abuse or neglect.
- Court orders mandate disclosure.
- The minor provides written consent to share information.

Any other disclosure of information will require prior consent from the parent/guardian and, if appropriate, the minor.

## Consent

By signing this form, I acknowledge that I have read and understand the information provided above. I consent to counseling services for the named minor and understand the limits of confidentiality as outlined.

Parent/Guardian Signature:

Date:

Youth (Optional, if age appropriate):

Date:

Counselor Signature:

Date:

This form is essential for establishing trust and legal compliance in youth counseling services.