The Center for Creative Arts and Play Therapy
2001 E. Market Street
York, PA 17402
717-741-0000 Fax: 717-668-8353
ccapt123@gmail.com

Consent for Mental Health Treatment of a Minor (Age 13 and under)

Client Name:_____DOB: _____

This form provides written consent for a mental health professional to provide mental health services to the above-named minor. Both parents/legal guardians listed below acknowledge and agree to authorize such treatment.

Mental health treatment may include assessment, psychotherapy (individual, family, or group), consultation, and, if applicable, coordination with schools or other providers. The therapist will explain the nature and expected course of treatment, including potential benefits and risks.

Information shared by the minor during therapy is confidential, except as required or permitted by law (e.g., suspected abuse or neglect, danger to self or others, or court order). Parents will receive general updates on progress but not specific confidential details unless the therapist deems disclosure necessary or the minor consents.

Both parents/legal guardians confirm that they:

- Have legal authority to consent to treatment for the minor.
- Agree to cooperate with treatment recommendations.
- Understand that joint participation may be requested by the therapist.
- Will notify the therapist immediately of any changes in custody or parental rights.

Payment for services is the responsibility of the parents/legal guardians. The practice's financial policies and rates have been reviewed and accepted.

We, the undersigned parents/legal guardians, hereby consent to mental health treatment for the above-named minor by The Center for Creative Arts and Play Therapy. We understand that we may withdraw this consent in writing at any time, though this may affect the continuity of care.

_____

Parent or Legal Guardian #1 Name Relationship to Child

_____

Parent or Legal Guardian #1 Signature Date

_____

Parent or Legal Guardian #2 Name Relationship to Child

_____

Parent or Legal Guardian #2 Signature Date

*****If a custody or guardianship order is in place, please provide a copy to attach to this document.