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**CONSENT FOR TREATMENT OF MINORS**

I \_\_\_\_\_ give my consent that a **TLC CLINICIAN** will be conducting psychotherapy and/or psychological evaluation with (client) \_\_\_\_\_. My relationship to the client (parent, uncle, etc.): \_\_\_\_\_.

My signature affirms that this document serves as notification that all material discussed during the psychotherapy sessions or psychological evaluation is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the HIPPA form, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the TLC CLINICIAN judgment in regard to releasing or sharing information obtained during the course of psychotherapy or the psychological evaluation process with the minor.

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date
_____	_____	_____	_____
Name (print)	Relationship	Signature	Date