



**203 S. Alma, Suite 200  
Allen, TX 75013  
972-562-5002**

Dear Parent/Guardian:

This is a consent form, which will allow your child to receive therapy with \_\_\_\_\_  
As managing conservator (legal guardian) of \_\_\_\_\_, I give my consent for  
my child to attend therapy.

I understand that my child has rights to confidentiality, by law. I understand that, I am not  
privileged to details or information discussed during the session. I understand that I will be informed  
if my child discloses intent to commit suicide or homicide. I understand that if my child reports that I  
or anyone else has abused my child, that this information will be disclosed to Child Protective  
Services. I understand that all rights to my child's confidentiality are broken if the records are  
subpoenaed.

I understand that I am welcome to call \_\_\_\_\_ if I have questions or concerns  
about my child's behavior or therapy sessions.

\_\_\_\_\_  
Adolescent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff member of BHP

\_\_\_\_\_  
Date