

**Beth Linfoot, Counseling, PLLC**  
31320 IH10 West Suite A  
Boerne, TX. 78006  
(210) 379-3356  
ejlinfoot@gmail.com

**CONSENT FOR COUNSELING OF A MINOR**

For under 18 years of age  
Beth Linfoot, Counseling, PLLC  
31320 IH 10 West, Boerne, TX 78015

The following statements provide your legal consent to and financial responsibility for the counseling services to a minor. These statements are important to protect the child, the parent/guardian/conservator, and the counselor. Please carefully review this information and sign where indicated.

**DUTY TO WARN NOTICE:**

Beth Linfoot, Counseling, PLLC is committed to confidentiality and privileged communication with all clients. There are however, several exceptions. According to Texas law, any evidence of child abuse must be reported to authorities. If any individual intends to take harmful, dangerous or criminal action against another individual, or against himself / herself, it may be the counselor's duty to report such action or intent.

I acknowledge that I have read the above Duty to Warn Notice and understand the counselor's responsibility to take action where necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILDREN OF DIVORCE:**

It is required by the Texas State Licensing board that LPC's keep a copy of the current divorce decree on file stating who has the authority for making mental health decisions for a minor. It will be necessary to provide this to the counselor before your first session. This document along with all other information will be kept confidentially within our electronic records management system.

**FAMILIES IN CONFLICT:**

When a counselor begins a therapeutic relationship with a child, it is rarely in the best interest of the child, to have that counselor engage in any court proceedings offering testimony or other sought after information tied to your family's conflict. Nor is it the role of the counselor to mediate in any way for families in conflict. If the situation arises, you may be referred to a forensic specialist that can assist you and your family in this matter. It is ideal to establish prior to the first session that both parents are in favor of the child receiving counseling services and will not take action that would result in the child's counselor being called into any future court proceedings.

Please provide the name and contact information for both parties so that both are made aware of counseling services prior to meeting the child.

\_\_\_\_\_  
\_\_\_\_\_

Name of Mother

\_\_\_\_\_

Mother's phone number \_\_\_\_\_

Name of Father \_\_\_\_\_  
Father's phone number \_\_\_\_\_

Statement of responsibility and grant of permission for counseling:

I am the \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Managing Conservator of

\_\_\_\_\_

Name of Minor \_\_\_\_\_  
DOB \_\_\_\_\_

I am legally responsible for the child named above and grant permission for Beth Linfoot, Counseling, PLLC to conduct counseling with this child. I have provided correct information for the child's other parent and have full understanding they will be contacted prior to the start of counseling services for my child. Upon request, I will provide any necessary documentation such as divorce decrees, court orders, temporary orders, restraining orders, etc. I understand if I fail to disclose any legal proceedings or orders prior to and during counseling, my child's counseling services may be terminated.

I accept responsibility for the timely payment of all fees due to Beth Linfoot, Counseling, PLLC for services provided to this child. I also accept full responsibility of payment to Beth Linfoot, Counseling, PLLC for any court related requests and costs whether or not I initiate any court proceedings. I understand these costs are on a fee schedule that is available at my request. I understand that it is not in my child's best interest to involve their therapist in court proceedings as the primary role of the therapist is to support my child in processing emotions. I also understand that therapists are not expert witnesses nor are they trained to testify in court proceedings. I also understand I will be referred to a forensic specialist or other professionals to assist in any court related matters regarding the minor client named above.

Signature \_\_\_\_\_

Date \_\_\_\_\_