

**Shontel Thomas, Christian Counselor and Life Coach**  
**Business Line: (470) 210-8076**

**Consent for Treatment of a Minor**

I, \_\_\_\_\_, give Shontel Thomas, Christian Counselor and Life Coach  
Parent/Guardian  
Permission to provide treatment for \_\_\_\_\_.

I, \_\_\_\_\_, and \_\_\_\_\_ understand limits to confidentiality and  
Parent/Guardian Child

have been provided with a copy of this statement.

**For the Parent/Guardian:**

**The right to confidentiality is maintained with two exceptions:**

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others, including your child.

**For the Child:**

**The right to confidentiality is maintained with three exceptions:**

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others.
3. The professional has reason to believe that someone or something is harming you including your parents/guardian.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Child Date

\_\_\_\_\_  
Therapist Date