

**Innovations Counseling and Consulting, PLLC**

11999 Katy Freeway #490

Houston, Texas 77079

Tel 281-597-9291 Fax 281-597-9761

www.InnovationsCounseling.com

**Agreement for Counseling and Psychotherapy with a Minor by a Practicum Student or Intern  
Supervised by: Kevin Glasser, Licensed Professional Counselor -Supervisor**

I, \_\_\_\_\_, the parent/legal guardian of the minor,  
\_\_\_\_\_, give my permission for the minor to  
enter a counseling/psychotherapy relationship with  
\_\_\_\_\_.

Name and Credential of Counselor

I am the Legally-Authorized Representative [Parent (sole managing, joint managing, or possessory conservator) or Legal Guardian] of the minor and there is no existing court order, ruling, or determination that prohibits me from granting consent.

It is our policy to request an agreement from the parent, or Legally Authorized Representative, that they consent to give up access to minor's records. The therapist may provide only general information concerning the minor's treatment and progress. Before giving the parent any information, the therapist will discuss the matter with the minor and will do the best he/she can to resolve any objections the minor may have about what has been prepared to discuss. If the minor is at high risk for seriously harming themselves or another, the parent will be notified.

I give my permission for the therapist to share information concerning the listed minor with other mental health professionals in order to be of greater help in counseling and psychotherapy. Fees: Practicum Student: \$30.00 per session; LPC-Intern: \$80.00 per session

I understand and agree to allow the listed minor to enter counseling/psychotherapy based on the conditions listed above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date