**BEASON-SMITH PSYCHOLOGICAL SERVICES, PLLC**

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**AGREEMENT FOR PSYCHOLOGICAL SERVICES WITH A MINOR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that I am the parent/legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have the legal right to consent for therapy services on his/her behalf. I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive the following services:

\_\_\_\_ Psychotherapy/Counseling Services

\_\_\_\_ Psychological Assessment or Evaluation

\_\_\_\_ Psychological Consultation Services

\_\_\_\_ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I wish to place limits on confidentiality in the areas checked below. My checking of these areas indicates that if any of these areas arise in therapy, I want to be informed of them and Melissa Beason-Smith, PhD of Beason-Smith Psychological Services, PLLC cannot give assurances of confidentiality to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in these areas. I understand that this may limit the degree to which this child or adolescent feels free to discuss his/her thoughts and feelings, thereby, possibly limiting the effectiveness of therapy. I also understand that any disclosure by the child/adolescent, whether checked below or not, indicating imminent, specific, life-threatening risk to him/her or someone else will NOT be kept confidential. This policy of confidentiality will be explained to the child/adolescent and is an addendum to the confidentiality information provided in the INFORMED CONSENT FOR SERVICES.

\_\_\_\_ Substance use \_\_\_\_ Driving under the influence \_\_\_\_ Having a gun or weapon

\_\_\_\_ Actual/planned crimes \_\_\_\_ Pregnancy \_\_\_\_ Planning to run away

\_\_\_\_ Eating disorder behavior \_\_\_\_ Lying about whereabouts \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Sneaking out of home/school \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below means that I understand and agree to the aforementioned points.

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

Signature of Parent/Guardian Date

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

\*Signature of Minor Date

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

Melissa Beason-Smith, PhD Date

\*Signature indicates this form was reviewed with minor and parent(s).