

**Spectrum Psychological Associates, Inc.**  
**Minor Consent Form with Parental Consent**

(to be signed by anyone ages 14 to 17 years of age in Ohio)

Although Spectrum Psychological Associates, Inc. (Spectrum) encourages parent/legal guardian involvement (henceforth in this form only the term “parent” will be referenced, which is intended to include the term “legal guardian”) and the participation of your parent in all decisions relating to your care and treatment, we recognize your desire to act on your own behalf, and to acknowledge your consent to participate in treatment.

I \_\_\_\_\_, (print your name), a minor, hereby consent to outpatient mental health services.

Parental involvement is encouraged by Spectrum. Your counselor will talk with you about the many different ways that parents can be involved in therapy with you.

However, even with parent involvement, information shared in psychotherapy is confidential, to an extent. If the counselor determines that you or anyone else may be in danger, based on information learned during a counseling session with you, the counselor may take steps to prevent or reduce the risks of harm, in accordance with the law. If a dangerous or a life-threatening situation is involved, the counselor may need to discuss this information with a parent or, if abuse or potential abuse is involved, with the public children services agency or a municipal or county peace officer. Further, you need to understand that under Ohio law, except in one special situation, which is discussed in the next paragraph below, both parents have access to your counseling records and information you share with the counselor unless a Court has specifically prohibited one or both of them, in a court order, from gaining access to those records. Although the counselor will attempt to discourage your parent(s) from obtaining this information and will attempt to protect the information that you disclose to the counselor, if the parent(s) insist(s), the records and/or information will probably have to be disclosed to the requesting parent(s).

An exception does exist to this requirement that the parent must have access to all information, but it is limited to minors 14 years of age or older who seek treatment without the consent or knowledge of their parent. The parent will not be informed of the services without the minor’s consent unless the counselor treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to other persons, and if the minor is then informed by the counselor of the counselor’s intent to inform the minor’s parent for this reason. Services under this section are limited to not more than six sessions or thirty days of service, whichever occurs sooner. After the sixth session or thirty days of services the counselor will terminate the services or, with the minor’s consent, notify the parent to obtain consent to provide further outpatient services. If you wish to take advantage of this exception, please notify the counselor and he or she will have you sign a different form, entitled MINOR CONSENT FORM in the ABSENCE OF PARENTAL CONSENT, if the limited exception provided by the law are available to you.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Patient: \_\_\_\_\_