



WVCC  
13260 N 94<sup>th</sup> Drive  
Ste 106  
Peoria, AZ 85381

## Consent for Treatment of a Minor

**If treatment is for a minor**, please complete this consent form. If not completed by **BOTH** parents of the minor, please be aware that the parent who does not sign has the right to terminate treatment unless you have sole custody or a court order directing counseling to happen. We reserve the right to terminate counseling or refer you to another resource at any time.

I, \_\_\_\_\_, hereby grant West Valley Counseling Center, PLLC permission to provide outpatient behavioral services to my child, \_\_\_\_\_.

I understand any information given to West Valley Counseling Center will not be shared with anyone without written permission, except where required by law (for example: danger to self, or others, or suspected child abuse). I have been informed of my rights as a patient of West Valley Counseling Center. I understand I may withdraw my consent at any time by notifying West Valley Counseling Center in writing.

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian of Minor

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian of Minor