

HEALING HEART
2150 Park Drive, Suite 208
Charlotte, NC 28204
704-565-9212
johanna@healingheartcharlotte.com
healingheartcharlotte.com

Authorization for Treatment of a Minor

I, _____, as the legal custodial guardian of _____,
(parent/legal guardian) (minor child)

hereby give my permission for _____ to be seen by
(minor child's name)

Johanna Hyland with Healing Heart, for counseling services. I understand that all information shared in these counseling sessions will remain confidential with the exceptions of the following:

1. My child is evaluated to be a danger to him or herself or others.
2. My child is believed to be the victim of abuse or my child reports such abuse.
3. A court order or other legal proceedings or statute require disclosure.
4. My insurance company requires information in order to pay claims.

I understand that Johanna may contact me in order to discuss issues related to my child and that I am able to contact her in regard to any questions I may have, with the understanding that she will share only what she believes to be in the best interest of my child.

By signing below I acknowledge that I have had the opportunity to ask any questions I may have on limits of confidentiality and that I have read and signed the Office Policies and Professional Disclosure.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name Printed

Address

City State Zip

Home Phone

Work Phone

Cell Phone