



Authentic Counseling

Print legal name of minor child: _____

I/We, _____, as parent(s)/guardian(s) of my/our minor child, hereby affirm that I/we have been assigned parental responsibilities to consent for health care by the state of Colorado for my/our child and hereby give consent for my/our child to receive counseling services from Authentic Counseling, LLC. I/We understand that only the therapist and the therapist's supervisor(s) will know the information learned during the course of therapy.

Furthermore, I/we understand that Authentic Counseling, LLC is under no obligation to release any information related to therapy to other persons or agencies. I/We understand that the therapist conducting therapy will be doing so under supervision and that my child's information will be shared with this person.

I/We understand that when parents are unmarried or divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore, in compliance with C.R.S § 14-10-123.8, I/we authorize the therapist to provide access to treatment information to such an individual by authorizing counseling services to a child in my/our custody.

I/We was/were informed during the initial intake and I/we understand that Authentic Counseling, LLC WILL NOT agree to testify in court. If you are involved in a divorce or custody litigation, you need to understand that the role of the therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this consent form, you agree not to call upon the therapist serving your child in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and/or parenting plans.

PARENT(S)/GUARDIAN(S)

Date

Ashley Manson, MA, NCC, LPCC
Authentic Counseling, LLC

Date