Consent to Treatment for Minors
(Please complete and discuss with your counselor if you are 17 years of age or under)

I, _____________________________, verify that I am 16 or 17 years of age, live apart from my parents or guardians, and manage my own financial affairs, and hereby consent to treatment at the Baylor University Counseling Center.

I understand that although I am able to consent to treatment, my parents or guardians may request access to information in my records.

I also understand that with or without my consent, the mental health professional providing treatment at the Baylor University Counseling Center may release information to my parents or guardians regarding treatment being provided or needed under the following circumstances: sexual, physical, or emotional abuse, contemplating suicide, or suffering from a chemical or drug addiction or dependency. The decision to release information to your parents or guardians under these circumstances will be made if it is determined to be in your interest. A reasonable effort will be made to discuss this decision with you prior to releasing information.

I have been informed of my right to consent to treatment and the potential limits to my confidentiality.

______________________________  ______________________
Signature                                             Date