

EMPOWER PSYCHOLOGICAL SERVICES, PLLC

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Consent For Treatment Of Minor(s) & Others

I _____ give my consent that Aguib Diop, PhD, LP will be conducting psychotherapy or a psychological evaluation with _____.

My relationship to the client (parent, uncle, etc.): _____

I was notified that the holder of the privilege is (parent, guardian, etc.)

_____ .

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Aguib Diop's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

Name (print) Relationship Signature Date

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