



Humanistic Counseling Center
PO Box 24242
Cleveland, OH 44124
P: 216-839-2273
F: 216-896-0735

Parent/Guardian Notification of Services for a Minor Child

Please read below and initial, sign, and/or fill in the appropriate section.

- I am the legal parent/guardian of the minor child and parental rights have NOT been terminated.
- There are NOT legal documents related to the custody of the minor child.
- There ARE legal documents related to the custody of the minor child. I understand I must provide a copy of these records before services can be initiated. If I fail to provide this before the first session, the session will be cancelled, and I may be charged a cancellation fee.

I understand that it is best practice that both parents/guardians be informed if a minor child is engaged in mental health treatment. Below is the contact information for the minor child's other parent/guardian.

Name: _____

Relationship to child: _____

Address: _____

Phone number: _____

E-mail: _____

- I am declining to provide contact information for the minor child's other parent/guardian, and I have included my reasoning below.

Signature of parent/guardian: _____ Date: _____

Updated 9.2023