

**MINOR CONFIDENTIALITY AND RELEASE FORM  
PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING YOUR COUNSELOR.**

As a minor I understand that the information I share with my counselor will not be disclosed to anyone without my permission for any reason other than:

1. I am at risk to myself (self harm);
2. I pose a risk to someone else (intending to hurt someone);
3. Someone else poses a risk to me (someone else has or might intentionally hurt me);
4. Information might be requested about me and my situation by a subpoena through the court of law. I understand that my parent(s) or guardian(s) may be interested in my counseling progress and may wish to speak with my counselor.

I understand that my counselor has my best interest in mind and that my counselor is committed to maintaining confidentiality. Any information given to my parent(s) or guardian(s) would only be general in nature (i.e. that I showed up for my appointment, or general progress, etc.)

If in the event my counselor has reason to believe that my parent(s) or guardian(s) would benefit by knowing something about me or something about my counseling sessions for reasons other than what is already outlined on this form, my counselor will consult with me first about what information might be shared and will ask for my permission to share this information.

I understand that by signing my name on this form that I am aware of and understand the parameters of confidentiality and release of information. I understand that my parent(s) or guardian(s) signature on this form indicates their awareness of the same parameters, and that they agree to not pressure me for information about my counseling sessions.

\_\_\_\_\_  
Minor's Signature

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Counselors Signature

\_\_\_\_\_  
Date