



## PARENTAL CONSENT FOR PSYCHOLOGICAL ASSESSMENT & TREATMENT

Psychologists are governed by their professional codes of ethics/conduct and the law. It is important that persons seeking services understand their right to confidentiality. The information your son/daughter shares with the psychologist is private and confidential unless any of the following apply:

1. If you have signed a release of information to a specific person.
2. If, in the professional opinion of the psychologist, there is a risk of harm to the child/teen or others.
3. If there is a legal obligation to report, as in cases of disclosure of child abuse.
4. If the psychologist is legally required by court of law to testify or submit a report or release records.

I/We the undersigned, parent(s)/guardians(s) of \_\_\_\_\_

Do hereby authorize Kim Long, R. Psych. (#4449, Alberta) of Dochas Psychological Services Inc., to provide psychological services to our son/daughter.

_____ Signature - Parent	_____ Date	_____ Signature - Witness	_____ Date
_____ Printed Name - Parent		_____ Printed Name - Witness	
_____ Signature - Parent	_____ Date	_____ Signature - Witness	_____ Date
_____ Printed Name - Parent		_____ Printed Name - Witness	

\_\_\_\_\_  
Kim Long, R. Psych (#4449, Alberta)