



Jean Thompson Vanlue, LLC

Jean Thompson Vanlue, M.A., LPC, LMFT
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Treatment of Minor Agreement

In regards to the minor _____,
my initials and signature below attest that

_____ I am the legal parent or legal guardian of the child.

_____ I have legal custody of the child.

_____ I have the legal right to procure mental health treatment for the child.

When working with minors, Jean may or may not invite others (parents, caretakers, siblings) to participate in the therapy process. Parents have the legal right to receive information that their children share in therapy.

In order for older minors to feel safe to freely discuss their issues, Jean asks that parents do not request such information. She may encourage and help the minor to share information with parents, but will not initiate disclosure unless she believes that the wellbeing of the child is in danger. Your initials at the end of this paragraph signify that you accept Jean’s judgment in regard to sharing information obtained during the course of therapy and wish for your teenaged minor to have confidentiality in therapy. _____

By signing below,

1. I am agreeing that Jean Vanlue’s services will be strictly therapeutic and that I understand she will not be involved in investigating, interviewing, evaluating, report writing, or court testimony, or involved in any custody or other litigious (legal) matters.

2. I give my consent for Jean Vanlue to treat the minor listed above.

Printed Name:

Printed Name:

Signature:

Signature:

Date:

Date: