

Kairos Counseling LLC

Carol A. Krentz, LPC

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Consent For Treatment

I/We, the parent(s)/legal guardian(s) of _____, give my/our permission for Carol Krentz LPC to counsel my/our son/daughter.

As clients of Kairos, it is your right to have the content of your therapy sessions held in confidence with these exceptions in which I am mandated to report:

- 1) if you sign a release form for me to divulge any or all information
- 2) if you intend suicide
- 3) if you intend homicide
- 4) in the case of child, elder or handicapped abuse

In some cases, the Missouri courts have held that if an individual intends to take harmful or dangerous action against another individual, it is the counselor's duty to warn the person and/or the family of the person who is likely to suffer the results of harmful behavior. Every effort will be made to resolve these issues before such a violation of confidentiality takes place and to prevent an attempted suicide or a dangerous action against another person.

I/We have read and agree to the above policy, procedure and statement.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Signature of Counselor Date

Receipt of Privacy Practices Written Acknowledgement

I/We have received a copy of the Notice of Privacy Practices.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date