



Rowan-Bailey Counseling, LLC
12465 S. Fort St., #250 Draper, UT 84020 801-810-SRBC (7722)
Stephanie Rowan-Bailey, MA, LCMHC

Consent to Treat a Minor

Dear Parents or Guardians:

Welcome to Rowan-Bailey Counseling, LLC. I consider it a privilege to meet your family's counseling needs. During the first session, I will ask to speak with you to discuss goals, concerns and obtain a brief history of the child/adolescent. Although each counselor has their own counseling style, parents or guardians are often asked to speak with the counselor before or after each session to give an update on any issues. Feel free to bring with you any information you may think is helpful.

If shared custody exists, the counselor must be provided with full contact information for each parent/guardian and have a copy of the custody order/agreement by the second session.

Parents/guardians, please note that if a counselor is notified that the child/adolescent is in danger of harming themselves or someone else, you will be notified immediately.

Parents/guardians are required to stay on the premises during each session.

By signing below, you give permission to Rowan-Bailey Counseling, LLC to see your minor child for counseling and agree to the statements and policies regarding minor's in the Professional Disclosure Statement, Informed Consent, & Service Agreement.

Child's Name (Print) Date of Birth

Parent/Guardian's Name (Print) Date

Parent/Guardian's Signature

Parent/Guardian's Name (Print) Date

Parent/Guardian's Signature