

Informed consent minor

Please print this document, complete it and bring it to the next session.

I have read the welcome brochure, or have been verbally informed of its contents, including fees (<https://www.faresa.be/en/mental-well-being#prices>). The content of this brochure is clear and I agree with it.

The general practitioner /referrer () of the minor _____ (insert name of practitioner or referrer), residing at _____ (insert place of residence general practitioner or referrer) may/ may not (*) be informed of the counseling/diagnostics (*) of _____ (insert name minor) at Faresa.*

I do/ do not () give permission for audiorecording of the sessions*

(*) cross out what doesn't apply

Consent of parent:

Name and surname:

Date:

Signature:

If the minor is 12 years of age or older: consent of the minor themselves:

Name and surname:

Date:

Signature:

IF PARENTS ARE DIVORCED, PLEASE HAVE THE CONSENT SLIP BELOW COMPLETED BY THE OTHER PARENT AND ALSO BROUGHT TO THE NEXT SESSION, PLEASE.

I, _____ (insert name) with parental authority over _____ (insert minor's name), born on _____ (insert minor's date of birth), **consent to counseling/diagnostics (cross out what doesn't apply) of him/her with a Faresa psychologist.**

Signature:

Date: