

BRYAN E. VIGNERY, LCPC, LPC
Authorization for Treatment of a Minor Child

I/we, _____, authorize Bryan E. Vignery, LCPC, LPC
Parent(s)/Guardian(s)/Authorized Person(s)

to provide services to: _____
Name of Child Date of Birth

claiming I have the right to authorize legal services.

Legal Custodial Parent/Guardian Signature Date

Legal Custodial Parent/Guardian Signature Date

Please note:

I will keep confidential from outside parties anything you or child says to me with the following exceptions:

- The law requires that if a person is a danger to self or others, efforts must be made to keep that person or others safe
- The law mandates the reporting of child, elder, or dependent person abuse or neglect
- Courts may order information to be disclosed in the case of child custody or litigation
- If legitimate fee collection efforts become necessary
- HIV status may be disclosed to spouse or partner
- You direct me to talk with someone else. You must sign a release specifically for that person and me to communicate.

By signing this I understand that Bryan E. Vignery, LCPC, LCP will not be part of court litigation or a child custody case.

I have read, understand, and agree to the above.

Parent(s)/Guardian(s)/Authorized Person(s) Date

Witness Date