



**Consent of Parent/Legal Guardian to Allow Psychosocial Assessment, and/or Counseling,
and Authorization to Disclose Results**

_____ (“the client”) has been referred to A.S.&J. Counseling and Consulting (ASJ) for certain psychosocial assessment and/or individual, family, and/or group counseling. As part of the client’s assessment and/or counseling services, information may be released to the referring party and/or insurances for billing purposes. These services may consist of any or all of the following: psychosocial assessment and/or counseling. ASJ personnel will provide these services upon the client’s parent or legal guardian signing the following statement:

“I am the parent of legal guardian of the individual named above (“the client”) and hereby consent to all psychosocial assessment and/or counseling by ASJ of the client and authorize ASJ to disclose the results of such psychosocial assessment and/or counseling to the Court, the client’s parents and/or legal guardians, any prospective adoptive parents of the client, any of the client’s school teachers, counselors, or day care providers, or any other person duly authorized to receive them under the laws of the State of Texas.”

“I agree that ASJ and its agents, employees, and mental health professionals shall not be responsible or liable to myself or the client as a result of any psychosocial assessment and/or counseling required the Court, or due to the disclosure of the results of such assessments and/or counseling. I hereby fully release ASJ and its agents, employees, and mental health professionals from any and all claims that myself or the client may now have or hereafter acquire for any loss, liability, damage, expense, cost, demand, action, or cause of action arising from or relating to any such assessment and/or counseling, or the disclosure of such information to the Court, CASA, the client’s parents and/or legal guardians, any prospective adoptive parents of the client, any of the client’s school teachers, counselors, or day care providers, or any other person duly authorized to receive them under the laws of the State of Texas.”

“I agree that this release shall be given full force and effect according to its terms, including, but not limited to those relating to unknown and unsuspected claims, damages, and causes of action. I further agree to indemnify and hold harmless ASJ and its agents, employees, and mental health professionals from any and all claims, losses, suits, damages, judgements, expenses, costs, and charges of every kind and nature, by reason of injuries suffered or damage caused to the client, myself, or any person in the performance of the assessment and/or counseling, or in the disclosure of such information.”

“I understand that I may obtain a copy of the client’s psychosocial assessment and/or counseling by providing a written request to the client’s case manager, if referred by Texas Department of Family and Protective Services (TDPRS).

“I understand that my insurance company, including Medicaid will be billed for services, if I have insurance. If referred by TDPRS and there is no insurance, the State will be billed for services.”

“I will allow ASJ to contact the patient and/ parent/guardians via call or text at the numbers provided.”

Phone Numbers: _____

Signature Parent/Legal Guardian

Date