

Jessica Diller, MSW, LCSW  
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Charlotte, NC 28209  
704-443-8526

I, \_\_\_\_\_ as the legal custodial guardian of \_\_\_\_\_,  
(parent/legal guardian) (minor child)  
hereby give my permission for \_\_\_\_\_ to be seen by Jessica Diller, MSW, LCSW  
(minor child name)  
for counseling services. I understand that all information shared in these counseling sessions will remain  
confidential with the exceptions of the following:

1. Your child is evaluated to be a danger to themselves or others
2. Your child is believed to be the victim of abuse or your child reports such abuse.
3. A court order or other legal proceedings or statute require disclosure
4. Your insurance company requires information in order to pay claims.

I understand that Jessica may contact me in order to discuss issues related to my child and that I am able to contact her in regard to any questions I may have, with the understanding that she will share only what she believes to be in the best interest of your child. I will not request access to my child's records or have them subpoenaed for any reason now or in the future, and understand that to do so would jeopardize the therapeutic relationship and violate my child's confidentiality. I also understand and agree to the terms and fees outlined in the Professional disclosure statement related to fees associated with involving Jessica Diller, MSW, LCSW in any legal issues. I understand that these fees include any and all time, including phone calls, report writing, etc. related in any way to any type of legal actions.

By signing below I acknowledge that I have had the opportunity to ask any questions I may have on limits of confidentiality and that I have read and signed the Professional Disclosure provided to me as well.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date