

**Dee M. Hudgens RN BSN LSCSW LCSW  
Authorization for Treatment of a Minor Child**

I/We \_\_\_\_\_  
Parent(s)/Guardian(s) Authorized Person (s)

authorize Dee M. Hudgens, RN BSN LSCSW LCSW to provide services to:

---

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Claiming I have the right to authorize legal service.

---

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.
- 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 Dee M. Hudgens RN BSN LSCSW LCSW 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 \_\_\_\_\_

---

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

---

Witness \_\_\_\_\_ Date \_\_\_\_\_