

**CONFIDENTIALITY OF MINORS**

This signature page is to document in writing my intentions as a parent/guardian or custodial parent of a minor during therapy with the staff of Stephen L. Brown, M.D. It is my intention to provide him/her confidentiality of the therapeutic content as verbally outlined at the initial intake and consultation session. It is my understanding that therapeutic content will be kept confidential between physician and/or his staff within the limits of the Tarasoff Law regarding threats of injury to self or others. Therapeutic progress and/or process will be explained as requested or warranted.

I am aware that under article 20-2-113 (f) of the Family Code of the State of Wyoming, the non-custodial parent has the same right of access to health care records as the custodial parent/guardian unless otherwise ordered by the court.

I agree to confidentiality of therapeutic content between my child/children, \_\_\_\_\_ and the physician and/or his staff.

The initial session and the informed consent occurred on \_\_\_\_\_

Signature of Minor \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Signature of Witness \_\_\_\_\_