



Assent Form for Minors

Please take a few minutes to carefully read through the following information. It describes the purpose of the mental performance consultation and outlines the guidelines that we (client and consultant) will follow during the consultation relationship.

- I agree to receive applied mental conditioning services from Hayes Mental Performance, LLC.
- I understand that sessions may be videotaped or audio-recorded for supervision purposes.
- I understand that no information regarding my consultation will be released within the limits of confidentiality that have been specified.
- I understand that information regarding my consultation may be shared for supervision purposes but that my identity will remain anonymous.
- Confidentiality will be broken in the case of:
 - Suspected abuse (physical, sexual, or neglect) of children, the aged, or the disabled: We are required to report suspected abuse.
 - Intention to cause harm to self or others: In instances where a client threatens to harm themselves or others, we may have to break confidentiality and notify the proper authorities.
 - Court-order: We must release a client's records if a judge issues a court order compelling us to do so.
 - If confidentiality is broken or your records are released because of any of the above reasons, you will be notified.
- I understand that my participation is purely voluntary.
- I understand that I may choose to stop consultation at any time without penalty.
- I understand that services are provided for the specified and agreed upon fees.
- I understand that if I have any questions concerning this consultation relationship, I can contact the mental performance consultant, Bill Hayes.

I have read, understand, and agree to all consultation procedures outlined in this document.

Child Name (printed): _____ Date: _____

Child Signature: _____

Consultant(s): _____ Date: _____

Consultant Signature: _____