



Parental Permission Form

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 consent to my child receiving applied mental skill training 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 child's consultation will be released within the limits of confidentiality that have been specified.
- I understand that information regarding my child's consultation may be shared for supervision purposes, but that my child's 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 records are released because of any of the above reasons, you will be notified.
- I understand that my child's participation is purely voluntary.
- I understand that my child 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 by email (wf.hayes97@gmail.com) or phone (404-702-0445) between the hours of 10 AM and 6 PM.

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

Child Name (printed): _____ Date: _____

Parent Name (printed): _____ Date: _____

Parent Signature: _____

Contact Information: _____

Consultant(s): _____ Date: _____

Consultant Signature: _____