

Melissa Johnson, M.S.
Marriage and Family Therapist #MFC47998
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Consent to Treat a Minor

Minor: _____ **Date of Birth:** _____

I/We (being the parent/s or guardian/s), entitled to the care, custody and control of the minor named above, do hereby give consent to you to render therapy services to the minor.

I/We understand it is advisable that a parent or guardian (or other authorized adult) be available for the purpose of assisting in the diagnosis or treatment and I/We agree to cooperate by being present with the minor when requested by you.

I/We understand the minor's treatment records are entitled to confidentiality and I/We will not have access to the records if the therapist, Melissa Johnson, determines access will be detrimental to the minor's health care, physical safety or psychological well-being. The minor is entitled to request access by a physician, psychologist, or social worker of his or her choosing.

I/We agree to be responsible for any fees generated by the minor's treatment sessions.

This consent will be in effect until it is terminated by written notice.

Signature of Parent or Guardian

Signature of Parent or Guardian

Relationship to Minor

Relationship to Minor

Date

Date

Minor's Signature

Date