Holly Lien, LMFT Licensed Marriage and Family Therapist MFC35076 1736 Picasso Ave., Ste A Davis, CA 95618 530-220-3433 holly@hollylien.com

## **Consent to Treatment of a Minor**

I hereby authorize Joy Souza, Associate Marriage and Family Therapist (supervised by Holly Lien, LMFT), to provide psychotherapy to who is a minor under the age of 18. I understand, as the parent or legal guardian, that information gathered in sessions with this minor will remain confidential unless it involves abuse or risk of danger to self or others. As the minor's legal guardian, however, I understand that I am welcome to discuss with the therapist the general progress of treatment.		
NOTE: Where joint legal custody has been granted by the court of law, either parent acting alone may consent to mental health treatment, unless the order of joint custody has language to the contrary. In such a case, a copy of the custody agreement must be presented to the therapist prior to treatment.		
Custody Arrangement:	Joint Custody with:  Name: Phone: Are they giving consent: Yes If no please explain:	No
	Sole Legal Custody Other (explain)	
Signature:		
Print Name:		
Relationship to Client:		_
Date:		
Consent to Treat a Minor		