

Consent for Treatment of Minor

I _____ allow my child/teen
_____ to receive

psychotherapeutic counseling sessions by Cynthia L. Robles, Marriage and Family Therapist, which includes psychotherapeutic assessment, treatment and referral. This treatment may be conducted in an individual, conjoint or family therapy session as deemed most appropriate by the therapist.

I may call to be informed of my child/teen's progress in treatment at any time and/or make an appointment to meet with the therapist to review my child's progress. I agree to pay for any time of consultation be it in person, e-mail or phone at the agreed upon hourly rate.

I am responsible for payment of all treatment except where other arrangements have been made. In the case of treatment being denied for payment, I will take full responsibility to pay the amount due.

Parent: _____

Date: _____

Parent: _____

Date: _____

Minor _____

Date: _____