



Permission to Participate in Psychotherapy Minor

Name of minor: _____
Birth date: _____

I, _____ am the legal custodian of the above-named minor.
parent name, print

I understand the agreement for payment of services is made between myself and the therapist.

I understand the limits of privacy and confidentiality for the youth mentioned above while participating in psychotherapy.

Please check one:

- There is no difference in custody. There is no separation or divorce between the parents of this child
- I have full legal custody to consent to treatment of the minor without obtaining consent or approval of another person.
- I have joint custody of the minor pursuant to a decree that requires both my consent and the consent of another person.

I understand my child may only receive these services with my consent. I hereby give consent for _____
_____ to receive mental health services from Elizabeth Ramirez.
child's name

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Psychotherapist Signature

Date