

Suzann McIntire, M.S.
Licensed Marriage and Family Therapist #52701
626-214-5271

Consent to Treat a Minor

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by Suzann McIntire, LMFT #52701 for the minor child(ren):

_____ (herein "Patient") and is intended to provide name of parent(s)/legal guardian(s):

_____ (herein "Representative(s)") with important information regarding the practices, policies and procedures of Suzann McIntire, LMFT #52701 (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

The Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services. The state of California provides significant confidentiality to minors seeking mental health treatment. In fact, minors over 12 years of age, have many privacy rights similar to those of adults. My role as a therapist to help minors learn to communicate openly and directly with their parents, and thus, I typically involve parents in the counseling process. That said, when children are making poor and dangerous decisions parents will be brought into the conversation as soon as possible, which in the case of many situations— such as self-harm or suicidal ideation—is immediately.

By signing below, Representative acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Representative has discussed such terms and conditions with Therapist and has had any questions with regard to its terms and conditions answered to Representative's satisfaction. Representative agrees to abide by the terms and conditions of this Agreement and consents to minor child named above to participate in psychotherapy with Therapist. Moreover, Representative agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Patient Signature: _____ Date: _____

Parent/Legal Guardian #1 Signature: _____ Date: _____

Parent/Legal Guardian #2 Signature: _____ Date: _____

Therapist Signature: _____ Date: _____