



Consent to Treatment of a Minor

I hereby authorize Holly Lien, Marriage and Family Therapist, 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.

Custody Information

Guardian 1: _____ Phone: _____

Relationship to child: Mother Father Grandparent other: _____

Guardian 2: _____ Phone: _____

Relationship to child: Mother Father Grandparent other: _____

Please explain any custody arrangements if child does not live with both parents:

Signature: _____

Print Name: _____

Relationship to Client: _____ Date: _____

For clients 12 years of age and older:

Client Name: _____

Client Signature: _____ Date: _____

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. More information regarding treatment of minor and California psychotherapy consent laws are available at <http://hollylien.com/files/mcl.pdf>.