

Jean L. Mirando, M.A., LMFT

Licensed Marriage Family Therapist

CONSENT FOR TREATMENT OF A MINOR

STATEMENT OF RESPONSIBILITY AND GRANT OF PERMISSION FOR THERAPY

If in agreement, please provide your legal consent and financial responsibility for Jean L. Mirando, LMFT to provide counseling services to a minor. Authorization will be in effect until this psychotherapeutic relationship is terminated. If sole legal custodian, please attach a copy of Permanent Court Order Provision. If custody is legally shared, please secure the signature of the other custodian. Please review this information and sign where indicated. Please discuss any questions you may have with the therapist.

I am the: **Biological Parent:** [] **Legal Guardian:** [] **Managing Conservator:** []

(Name of minor)

(Date of Consent)

I am legally responsible for the child named above and grant permission to Jean L. Mirando, M.A., LMFT to conduct therapy with this child with or without me being present in the same session. As legal custodial parent/guardian/conservator, I understand that I have the right to information concerning my minor child in therapy, except where otherwise stated by law. I also understand that this therapist believes in providing a minor child with a private environment in which to disclose their thoughts himself/herself in order to facilitate therapy. In the interest of developing a trusting relationship between this therapist and my child(ren), I give permission for this therapist to reveal or withhold information that, in her clinical judgment, is necessary to best help and protect my child. I, therefore, give permission for this therapist to use her clinical discretion, in accordance with professional ethics and state and federal laws, in deciding what information revealed by my child is to be shared with me. This is my written consent to the mental health assessment and treatment of my minor child under the terms stated above. I accept responsibility for the timely payment of all fees for services provided to this child.

Signature

- I have read and fully understand the Minor Consent information in this document.
- I authorize Jean L. Mirando, LMFT to provide psychotherapeutic treatment for said minor.

Parent/Guardian Signature: _____

Date: _____