

McCandless Family Counseling, Inc.

733 E Chapman Ave

Fullerton, California 92831

CONSENT FOR TREATMENT OF MINOR/S

I _____ give my consent to (select one):

Paul McCandless, MFT Lic MFC39160 (herein "Therapist")

Sandy McCandless, MFT Lic MFC41508 (herein "Therapist")

To conduct psychotherapy with _____ (Client)

My relationship to the client is (parent, uncle, etc.): _____

❖ McCandless Family Counseling, Inc and 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.

❖ A minor patient will benefit most from psychotherapy when his/her parents, guardians or other caregivers are supportive of the therapeutic process.

❖ I/We understand that all material discussed during the psychotherapy sessions is confidential and can be released only with the written consent of the minor's parent(s) or legal representative(s).

❖ I/We have been informed of the limitation to confidentiality in the Agreement for Services, which I/We have read and signed.

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date