



Mark Tinley, LMFT

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## Authorization for Consent to Treat a Minor

It is my policy to secure the authorization of both parents in obtaining consent to treat a minor. When this is not possible, the decision to proceed with treatment will be at my discretion. This applies regardless of whether there is an intact marriage, a separation, a divorce in which there is joint legal custody or no court order, and to never-married parents.

In addition, if there is any question of legal custody (divorce, adoption, ward of the state, etc), I ask that you please provide proper documentation designating legal custody of the minor for whom treatment is being sought.

Name of minor \_\_\_\_\_

Minor's birth date \_\_\_\_\_

My name (adult authorizing consent) \_\_\_\_\_

Relationship to the minor \_\_\_\_\_

My home address \_\_\_\_\_

My phone number(s) \_\_\_\_\_

My name (adult authorizing consent) \_\_\_\_\_

Relationship to the minor \_\_\_\_\_

My home address \_\_\_\_\_

My phone number(s) \_\_\_\_\_

**I (We), the undersigned, certify that I (we) am (are) the parent(s) or legal guardian(s) of the above-named minor and that I (we) hereby consent to the minor's mental health treatment.**

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_