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## **Consent for Treatment of a Minor**

We, \_\_\_\_\_ and \_\_\_\_\_ are legal custodial parents with decision making responsibility for (Minor's name) \_\_\_\_\_, a minor. (If sole legal parent or legal guardian, please attach a copy of Permanent Court Order Provision.) We authorize Jan Slack, LMFT in her capacity as a Licensed Marriage Family Therapist to begin mental health assessment and treatment of said minor on (Date) \_\_\_\_\_. Authorization will be in effect until such time as this psychotherapeutic relationship is terminated.

As legal custodial parent, we understand that we have the right to information concerning our minor child in therapy, except where otherwise stated by law. We also understand that this therapist believes in providing a minor child with a private environment in which to disclose himself/herself to facilitate therapy. We therefore give permission to this therapist to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with us. This is my written consent to the mental health assessment and treatment of minor child under the terms stated above.

Psychotherapy can include individual, family, or parents only therapy sessions in order to provide the best service to the said minor. This treatment may also include consultations with other associates including teachers, psychologists, social workers, and others for which a release of information to speak with such persons will be obtained from the parent or guardian.

California state law mandates reporting of certain types of child abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

Both parents must consent for treatment unless the treatment is court ordered or one parent is sole legal custodian (please attach provision).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Provider

\_\_\_\_\_  
Date