

Consent to Treat a Minor

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I/we _____ / _____ give

consent to James J. Sanders, LMFT to conduct psychotherapy with my child

_____.

In most cases the holder of the privilege is the parent, yet legally and ethically minors like adults are entitled to confidential communication with their licensed therapist. While confidentiality is an important element of therapy, I will be sensitive to your concerns as a parent. I will provide you with information regarding your child's progress without breaching your child's confidence. I can also provide you with parenting strategies specific to your child.

Thank you for allowing me to assist your child.

Signature _____ Relationship _____ Date _____

Signature _____ Relationship _____ Date _____