

Maya Heffernan, LMFT
3990 Old Town Avenue, Suite B100
San Diego, CA 92110

CONSENT FOR TREATMENT FOR MINOR(S)

I, _____ (parent/legal guardian), give my consent
for _____ (therapist) to conduct psychotherapy with
_____ (minor).

I was notified that the holder of privilege is _____ (minor).

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Informed Consent for Treatment form which I have read and signed. In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex.

I will accept _____ judgment in regard to releasing or
(Name of therapist)
sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's well-being.

Name (please print) Relationship to Minor Signature Date

Name (please print) Relationship to Minor Signature Date

***Acknowledgement of Minor if 12 years or older:

Name (please print) Signature Date