

Consent to Treat a Minor

I/we, (Parents Name(s)) _____ and _____, are legal custodial parents/guardians with decision-making responsibility for (Minor's Name) _____, a minor. I/we authorize Desiree Bowsher, MA, LMFT in her capacity as a Licensed Marriage and Family Therapist to begin the 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(s), I/we understand that I/we have the right to information concerning my/our minor child in therapy, except where otherwise stated by law. I/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. I/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 me/us. This is my written consent to the mental health assessment and treatment of minor child under the terms stated above.

Desiree Bowsher is not a custody evaluator, parenting coordinator, or agent of the court. I/we understand that the role of Desiree Bowsher, M.A., LMFT is limited to providing treatment to the minor child, and she will not be involved in any legal dispute between parents. I/we agree she will not be involved in any legal dispute between us, including a dispute concerning custody or custody arrangements.

IF APPROPRIATE, PARENT WITH DECISION-MAKING RESPONSIBILITY FILL OUT AND SIGN THE FOLLOWING:

I also authorize _____ to sign any and all papers necessary for client's treatment and to participate in treatment.

I also authorize _____ to transport client to and from scheduled appointments.

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
Desiree Bowsher MA, LMFT

Note: In some cases in which custody of the minor is at issue, parents/guardian may be requested to present a copy of the custodial order, which will become a part of this permanent file.