

COGNITIVE THERAPY AND CONSULTING ASSOCIATES

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Parent/Legal Guardian Consent to Treat Minors

I hereby authorize, _____, to provide services to my
(Provider's name)

child _____.
(Minor's full name-printed)

Provided service include, psychological treatment and counseling services as directed by Provider.

This form is an addendum to the **Psychological Services and Informed Consent** form, to authorize treatment of your child.

I understand this consent form and that I have a right to receive a copy of it, if I so request.

Signature of Parent/Legal Guardian

Date

Relationship to Child