

*Scott Wood, Licensed Marriage and Family Therapist (81808)*  
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**CONSENT FOR TREATMENT FOR MINOR(S)**

I, \_\_\_\_\_, give my consent that  
(Parent)  
\_\_\_\_\_ will be conducting psychotherapy  
(Therapist)  
with \_\_\_\_\_  
(Child)

My relationship to the client: \_\_\_\_\_

I was notified that the holder of the privilege is \_\_\_\_\_

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 Office Policies form which I have read and signed.

In 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 sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

Name (please print)	Relationship	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____