## Franci Smith, M.S., MFT

## Licensed Marriage and Family Therapist (925) 588-3070

## **Consent for Treatment of a Minor**

We (Parents Names)	and
(Parent/Guardian) are legal custodial parents with decision-making responsibility for (Minor's Name), a minor. (If sole legal custodian, please attach a copy of Permanent Court Order Provision.)  We authorize Franci Smith, M.S., MFT 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.	
ordered or one parent is sole le	egal custodian (please attach provision).
Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date
Signature of Witness/Provider	