

Kelly Bernstein, MS, LCDC, LPC
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Consent to Treat a Minor

In order for minor children/adolescents to receive psychological services, it is necessary for the parent or guardian to grant permission for such services to occur.

Name and Date of Birth of child to receive psychological services:

Name of Child: _____ Date of Birth: _____

Name of Person Requesting Services: _____ Today's Date: _____

Your Relationship to the Child: parent stepparent guardian grandparent other: _____

Are you the legal parent or custodian to the above named child: YES NO

I do swear that I have the legal right to obtain treatment for the above-named child: YES NO

In instances of divorce, it is essential that the legal custodian of the child grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, guardian, or other, you may be asked to provide a copy of the court order which names you as the legal custodian of the child.

Are you willing to provide a copy of said order: YES NO

If you are not willing to provide a copy of this order, services cannot be provided to the above-named child until a copy is provided to this office.

I _____, consent to Kelly Bernstein, MS, LCDC, LPC, in providing psychological services to the above-named child. I acknowledge that both natural parents, even though divorced, may have a right to obtain from Kelly Bernstein, MS, LCDC, LPC information regarding the nature and course of treatment of the child.

Signature

Date