

Bridget Stolee, LMFT, ATR
Licensed Marriage and Family Therapist
Registered Art Therapist
MFC#51472, ATR#12-091
2555 Park Blvd. Palo Alto, CA 94306
650-646-5636

CONSENT FOR TREATMENT OF A MINOR CHILD

The following statements provide your legal consent to and financial responsibility for counseling services to a minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist. Please carefully review this information and sign where indicated. You are requested to discuss any question you may have with the therapist.

STATEMENT OF RESPONSIBILITY AND GRANT OF PERMISSION FOR THERAPY

I am the: Natural Parent: [] Legal Guardian: [] Managing Conservator of []

(Name of minor child)

I am legally responsible for the child named above and grant permission to Bridget Stolee, LMFT, ATR to conduct therapy with this child.

I accept responsibility for the timely payment of all fees due to Bridget Stolee, LMFT, ATR for services provided to this child.

Signature: _____ Date: _____

DUTY TO WARN NOTICE

Bridget Stolee, LMFT, ATR, is committed to the confidentiality and privileged communication with all clients. There are, however, several exceptions. According to California law, any evidence of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the therapist's duty to report such action or intent.

Signature: _____ Date: _____