

Hope Harbor Counseling Center

CONSENT TO TREATMENT OF A MINOR

I, (print name) _____,

am the (circle one) **MOTHER FATHER LEGAL GUARDIAN**

of _____,

and I authorize the counselors at the counseling center to provide psychotherapy to said minor.

I also agree to be legally responsible for any charges said minor may incur during therapy with the counseling center. _____ (initial here)

Signature of parent or guardian

Date: _____

Counselor

Date: _____