Mary L Hill, MA LMFT
1650 Linda Vista Drive Ste. 210
San Marcos, CA 92078
760-687-9883

Consent to Treat a Minor

Name of minor client: _____

Date of birth: _____

This is to certify that you give permission to Mary L Hill, MA LMFT for the treatment of your child, _____. This treatment may include individual or group psychotherapy, counseling, and testing. This treatment may also include referrals to other appropriate State, County or other professional agencies.

One of my stipulations in treating your child is that you as a parent/guardian also be involved in the therapeutic process. By signing this consent form, you are also agreeing to attend occasional sessions at which I request your presence.

In addition, you as a parent/guardian agree to the following stipulations:

- Although your child is a minor, he/she has the right to confidentiality. This confidentiality is crucial for a child to feel safe and secure in the counseling environment and a necessary ingredient for treatment success. You agree to honor this right to confidentiality. Children age 14 and older have the right to full client privilege. Parents of children younger than 14 have the right to information regarding the minor's treatment so long as it is in the best interest of the child.
- In cases of divorce or parental conflict, you agree to not request that I participate in any court proceedings, to include but not limited to, testifying, providing records, or writing letters of summary or recommendation.

**I have a legal right to ☐ sole / ☐ shared medical decision making regarding the following children:

I understand that I may revoke this authorization by submitting my request in writing to Mary L Hill, MA LMFT.

_____

Signature of Parent or Legal Guardian Name (please print) Date

_____ _____

Mary L Hill, MA LMFT Date

**In cases of joint custody or shared allocation of parental responsibility for medical decisions, a copy of the divorce decree and custody order along with signatures indicating consent from both parents are required in order to treat a minor, except in emergencies.