Jim Arjani, LMFT, Lic. #38139 Laura Carty, LMFT, Lic. #109531 Moitreyee Chowdhury, LMFT, Lic. # 121934 Rosalie Smith, LMFT, Lic. #98142

Communications between therapists and clients who are minors are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgement, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any concerns or questions they may have on this topic with their therapist.

I,	, give c	onsent for my child,	
(Print Parent's Name))	(Print Cl	hild's Name)
to receive psychotherapy from		, Licen	sed Marriage and
	(P	int Therapist's Name)	
Family Therapist.			
Parent's Signature	Date		
Parent's Signature	Date		
Therapist's Signature	Date		