

Consent for Treatment of Minors

I, _____, give permission to Gudrun Zomerland MFT to treat my child, _____.
Treatment consists of individual psychotherapy or counseling and may be backed up by consulting with other involved professionals, such as Educational Psychologists, Career or School Counselors, medical doctors or nurses. Treatment may also require referral to other helping professionals, or State or County agencies.

California State Law mandates the reporting of certain types of child abuse, such as emotional, physical and sexual abuse or neglect. All actual or suspected acts of child abuse will be reported to the appropriate agency.

Therapy sessions are 50 minutes long unless otherwise agreed upon. In order for therapy to be effective sessions need to be attended on a regular basis, usually once a week unless otherwise agreed upon.

The parent or guardian is responsible for payment at the beginning of each session or by paying monthly in advance. Payment shall be an agreed upon amount and is in this case \$_____. The parent or guardian is responsible to let the therapist know in advance if he or she is unable to pay.

I have read and understand all of the terms and conditions stated above regarding the treatment of minors.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Full Name of Minor

Minor's Date of Birth

Gudrun Zomerland, MFT

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