

Amy E. Sargent, M.A., MFT (MFC 47022)
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CONSENT FOR TREATMENT OF MINORS

I, _____,
(Please Print)

give my consent for **Amy E Sargent, MA, MFT** to conduct psychotherapy

with, _____.
(Please Print)

My relationship to the client is (parent, uncle, etc.): _____

I have been notified that the holder of the privilege is (parent, guardian, etc.)

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Ms. Sargent's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

Date	Name (print)	Relationship	Signature
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Date	Name (print)	Relationship	Signature
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