



Oak Creek Relational Counseling Center

CONSENT TO TREAT A MINOR

I, (We), _____ as the
parent(s)/legal guardian who has/have sole/joint custody of _____
hereby grant permission to Oak Creek Relational Counseling Center and
_____ Marriage and Family therapist/Associate/Trainee, to
provide psychotherapy for my (our) child in the form of individual, conjoint or group
sessions. I (We) understand that these sessions will be private, but therapist will inform
me (us) about the child's general progress and promises to involve me (us) immediately if
needed to avert danger to my (our) child.

You have a right to request and receive a copy of this Authorization for Release of
Information.

Date: _____

Parent's Signature: _____ Parent's Signature: _____

MFT/Associate/Trainee: _____

If joint legal custody: I understand that as a parent with joint legal custody it is my responsibility to inform the other legal
custodian that _____ is participating in counseling at Oak Creek Relational Counseling Center. I understand that
the other legal custodian may seek information and/or records pertaining to this counseling and /or may object to counseling
for the minor(s) and terminate treatment.

Parent/guardian signature: _____