

DM Psychotherapy Services
5580 Peterson Lane, Ste. 145
Dallas, TX 75240
214.505.0745

CONSENT FOR TREATMENT OF A MINOR CHILD

This document serves as your legal consent to, and financial responsibility for, counseling services to your minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist.

STATEMENT OF RESPONSIBILITY AND GRANT OF PERMISSION FOR THERAPY

I am the: Natural Parent: [] Legal Guardian: [] Managing Conservator of []

Name of minor child

I am legally responsible for the child named above and grant permission to DM Psychotherapy Services to conduct therapy with this child.

I accept responsibility for the timely payment of all fees due to DM Psychotherapy Services for services provided to this child.

Signature: _____ Date: _____

Therapist signature: _____ Date: _____

__ Copy accepted by parent/guardian __ Copy kept by therapist

Private and Confidential

Denette Mann, M.Ed., LPC, RPT