

**ERICA PETREE, LCSW
In-Home Therapy Services
San Diego, California**

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CONSENT FOR TREATMENT OF A MINOR

We/I, the undersigned _____, parent(s) and/or guardian(s) of a minor child _____, give you full and unconditional authority to proceed with a clinical evaluation and treatment as your judgment indicates. This consent is given by me/us as parent(s) and/or guardian(s) of said child. We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child. It is clearly understood that you are hereby fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that your duties are performed with standard care and responsibility to the best of your professional ability.

I certify that I have legal authority to consent to treatment for either myself, or my child whose name appears above. I also certify that I and/or my child have read, or have had read to me/us, and fully understand and agree to the terms and conditions of the Policies & Procedures as well as the Notice of Privacy Policies. Therefore, on behalf of myself or my child I consent to and authorize the following:

CONSENT TO TREATMENT

1. I hereby authorize and request Erica Petree, LCSW to carry out biopsychosocial assessments, interventions and related support which now or during the course of my/or my child's care as a client are advisable.
2. I understand that the purpose of these procedures will be explained to me upon my request and subject to my/my child's agreement.
3. I understand that it is my choices to seek consultation, therapy, or psycho-education for myself and/or my child and that I may choose to terminate at any time.
4. I understand that there are both risks and benefits to counseling and therapy, and that no guarantee is made as to the results of my/my child's participation in treatment.
5. I agree to hold my/my child's psychotherapist free and harmless from any claims, demands, or suit for damages from any injury or complications whatsoever, safe negligence, that may result from treatment

Signed this ____ day of _____, 20__

Mother or Guardian

Father or Guardian

Legal Guardian

The above explained to: (circle all that apply) Mother / Father / Guardian

By _____ on the ____ day of _____, 20__

Witness

Date