

Consent to Treat a Minor

I/We, the parent(s) or guardian(s) of _____ have read and understand the above information and have discussed all aspects of informed consent.

Court Matters Initial: _____

I/We understand that Laura Fontaine, MS, LISAC, LPC does not provide court ordered therapy and does not get involved in court matters on any level. Laura Fontaine, MS, LISAC, LPC does not make any recommendations to the court or to families regarding custody, visitation, or parental court matters. Laura Fontaine, MS, LISAC, LPC does not provide letters or reports to the court for any reason.

Consent By Both Parents Initial: _____

I/We understand that the consent of both biological parents is required for therapy services to begin. In the case of parents who are not currently married, a copy of court documentation defining parental rights may be requested. Obtaining consent is the responsibility of the initiating parent.

I/We consent that _____ may be treated as a client by Laura Fontaine, MS, LISAC, LPC.

In the event of multiple minor children, please indicate the children for whom you are consenting:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Vivify Wellness, LLC
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My/our signature(s) below also verifies that I am a legal parent or guardian of the above mentioned minor(s) and have the legal right to consent for said minor(s) to receive treatment from Laura Fontaine, MS, LISAC, LPC.

Minor print: _____

Minor signature: _____ Date: _____

Parent/guardian print: _____

Parent/guardian signature: _____ Date: _____

Parent/guardian print: _____

Parent/guardian signature: _____ Date: _____