Heather R. Roberts, MA, LMFT, LPC

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LEGAL RIGHT TO SEEK TREATMENT OF A MINOR

(NOTE: Except for signature at bottom of page, please print all names in full.)	
By my signature below, this documents that I,	
have been legally designated as the custodial parent with whom my daugh	ter/son
resides.	
Further, this documents that I have legal right to seek mental health interve	ention for the
above named child (ren) without a requirement to first seek approval from	the biological
mother/father	It is/is not
required that I inform the <i>mother/father</i> that such intervention is to take pl	ace. If said
notification is legally specified, by signing this statement, I agree that I wil	l inform/have
informed the biological mother/father prior to the initial appointment for r	my
daughter/son, the initial appointment presently set for	·
If applicable, I agree to supply the therapist, Heather Roberts, a copy of the	e portions of my
Divorce Decree that indicate the above provisions and to do so no later tha	n the date of
my child's second therapy session, a date yet to be established at the time of	of this
document.	
Signature of Mother/Father of above named child on Date	
Signature of Therapist on Date	