

Karen Giordano-Brengause, MS, LMFT

Licensed Marriage and Family Therapist No. 35077

Private Child Custody Evaluator · Private Child Custody Recommending Counselor · Therapist

Consent for Treatment of Minors

Minor Name _____ Date of Birth: _____

Minor Name _____ Date of Birth: _____

Minor Name _____ Date of Birth: _____

- This is to certify that I give permission to Karen Giordano-Brengause, LMFT, for treatment of my child. This treatment may include individual, family, or conjoint assessment sessions to gain information for the Private Child Custody Recommending Counseling and/or Child Custody Evaluation (3111). This treatment may include consultations with other associates including Educational Psychologists, Psychiatrist, Career Counselors, Nutritionists, or other Mental Health Professionals (LMFT, LCSW, LPC, Psychologist).
- California State law mandates the reporting of suspected types of child and elder abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse.
- All actual or suspected acts of child abuse will need to be reported to the appropriate state and county agencies. It is also a mandatory reporting issue if the child is found to be a harm to self or an identifiable other person/people or object.
- All material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

My relationship to the client (parent, uncle, grandparent, etc.): _____

Holder of the privilege is (parent, legal guardian, etc.) _____

Print Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Birth Parent Name: _____ Gender _____

Birth Parent Name: _____ Gender: _____

Attorney Name: _____ Phone: _____

Signature of Parent/Guardian

Date