

Karen Giordano-Brenghause, MS, LMFT

Licensed Marriage and Family Therapist No. 35077

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

Counseling Consent for Treatment of Minors

Minor Name _____ Date of Birth: _____

- This is to certify that I give permission to Karen Giordano-Brenghause, LMFT, for treatment of my child. This treatment may include individual, family, or conjoint psychotherapy. This treatment may include consultations with other associates including Educational Psychologists, Psychiatrist, Career Counselors or Nutritionists, and other Mental Health Professionals.
- 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, guardian, etc.):

Print Name of Parent/Guardian: _____

Address: _____

Phone: _____

Email: _____

Signature of Parent/Guardian

Date