

Lifeline 2 Wellness \* Jacqueline D Bredehoft, PMHNP-BC  
901 Dove Street, Suite 299, Newport Beach, CA 92660  
714-497-3307

**CONSENT FOR TREATMENT OF A MINOR**

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to, and authorizes services, by Jacqueline D Bredehoft, PMHNP-BC. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. Be informed of and participate in the selection of treatment modalities.
2. Receive a copy of this consent.
3. Withdraw this consent at any time.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Conservator

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed