

April Blair, M.A.

CONSENT FORM FOR MINORS

I hereby give April Blair, M.A., my consent to provide psychotherapy services to

_____, a minor, on a regular basis.

Confidentiality- I understand that in order for therapy to be successful with any individual, their confidentiality needs to be respected, even in the case of a minor child, with exceptions of if the minor is a danger to him/herself or to others.

Date: _____

Signed: _____

Parent or Legal Guardian

Signed: _____

Client/Minor

Address: _____

Phone: _____

Licensed Marriage and Family Therapist
L.M.F.T #213707