



MARRIAGE & FAMILY THERAPY
of WESTERN NEW YORK

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Minor Consent for Treatment

I, _____ (parent or guardian), give my consent that Darci Cramer, Ph.D., of Marriage and Family Therapy of Western New York, PLLC, will be conducting psychotherapy with _____ (minor).

I was also notified that 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.

I am aware that it is the legal parent's or custodial parent's responsibility to inform the non-custodial parent regarding minor's treatment with Dr. Cramer. I also give my consent for the non-custodial parent(s), to be contacted for the purpose of assessment/treatment.

Non-Custodial Parent Name: _____ Tel. _____

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the Therapist judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

Parent/Legal Guardian Name (print)

Relationship

Signature

Date

Parent/Legal Guardian Name (print)

Relationship

Signature

Date