

*Lisa K. Phillips Ph. D.*

LICENSED CLINICAL PSYCHOLOGIST

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**PARENTAL CONSENT FOR TREATMENT OF A MINOR**

Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of the Minor’s Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

A Minor Client will benefit most from psychotherapy when his/her parents; guardians or other caregivers are supportive of the therapeutic process. Representatives should be aware that Therapist is not a conduit of information from Minor Client. Psychotherapy can only be effective if there is a trusting and confidential relationship between Therapist and Client. Although Representative can expect to be kept up to date as to Minor Client’s progress in therapy, he/she will typically not be privy to detailed discussions between Therapist and Minor Client. However, Representative can expect to be informed in the event of any serious concerns Therapist might have regarding the safety or well-being of Minor Client.

I authorize Lisa Phillips, Ph.D., a licensed psychologist, to provide psychotherapy for the minor listed below. As Minor’s Representative, I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor:

Name of Minor Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_  
(Please print)

Parent/Guardian’s Signature: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_  
(Please print)

Parent/Guardian’s Signature: \_\_\_\_\_

Signature of Client (if 18 years old or older): \_\_\_\_\_

Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Completed by: Lisa Phillips, Ph.D. PSY 25324 Date: \_\_\_\_\_