From the Office of
Linda Lafferty, MFT
PO Box 113
Millville, Calif. 96062
530 222-9234

Parental Consent to Treat a Minor

I, _____hereby give my consent to allow my child,

_____ to be seen by Linda Lafferty, MFT for psychotherapy treatment. I also understand and respect by child's right for confidentiality, which is important for the therapeutic process and for treatment to be successful. Confidentiality will always be respected unless the therapist feels the child may be at risk or in danger, or if the child threatens to harm himself/herself or another person.

_____ _____
Parent's Signature Date

_____ _____
Therapist's Signature Date