

## CONSENT TO TREAT A MINOR

*Please bring a copy of the Permanent Court Order Provision to the first session for verification of custody agreement.*

*Review the following information to provide consent to treatment and complete the form as indicated. Feel free to contact me with any questions or concerns.*

Parent's Name

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I am the: **Biological Parent** [ ] **Legal Guardian** [ ] **Managing Conservator** [ ] for

Child's Name

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I give consent for Shalini Mongia, MFT to provide mental health assessment and treatment for my child under the terms stated. I attest that I am legally responsible for this child and grant permission to Shalini Mongia, MFT to provide psychotherapy services with or without me being present in the session.

As a legal custodial parent I understand that I have the right to information concerning my minor child in therapy, except where otherwise stated by law. I understand that therapy at Alamo Counseling provides a minor child with a private environment in which to disclose himself/herself to facilitate therapy.

In the interest of developing a trusting relationship between Shalini Mongia, MFT and my child, I give permission to reveal or withhold information that in her clinical judgment is necessary to best help and protect my child.

I, therefore, give permission to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with me. I accept responsibility for the timely payment of all fees for services provided to this child.

### SIGNATURE

**I authorize Shalini Mongia, MFT to meet with my child for psychotherapy**

Client or Guardian Signature:

Date: