



HEALING
WITH GRACE

Consent To Treat Minor

I, _____ (*parent/guardian*) , give my consent for _____ (*child*),
to receive counseling/therapy from Kana Nootenboom MS, MFT.

I agree to abide with the laws of confidentiality and to respect the therapist/client relationship the clinician may develop with my child. I have been advised of the potential risks, as well as benefits, typically associated with the counseling process. I give my full consent and cooperation to this approach and agree to hold Kana Nootenboom, MS, MFT harmless, except regarding reasonable and customary care. In some cases in which the custody of the minor child is at issue, the custodial parent may be asked to present a copy of the custodial order, which will become a part of this permanent file.

Print Name of Minor Child Date

Print Name of Parent/Guardian Date

Signature of Parent/Guardian Date

Kana Nootenboom, MS, MFT, Date