



Christine Alisa, M.S.

Peace

Through

Metamorphosis

CONSENT FOR TREATMENT FOR MINOR/S

I, _____
(name of parent or guardian)
give my consent that, Christine Alisa, M.S., L.M.F.T. will be
conducting psychotherapy with _____
_____(name of minor).

I have been notified that all material discussed during the psychotherapy sessions are confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation of confidentiality in the Policies and Procedures Handout I signed.

In case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. Christine Alisa will share with me any decision or judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

Name (print)

(Relationship)

Signature

Date