



## Therapy for Diverse Families

Michele E. Nardella, LMFT

Phone: 908-313-4611/ E-mail: [MicheleNardellaMFT@gmail.com](mailto:MicheleNardellaMFT@gmail.com)  
[www.MicheleNardella.com](http://www.MicheleNardella.com)

### CONSENT TO TREAT A MINOR CHILD

By signing this form below, I/we give permission for Michele Nardella, LMFT, to provide psychotherapy services to my minor child or children, named below:

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

I understand that Ms. Nardella's primary responsibility is to her client, my child/children, and will include me in my child/children's therapy as indicated and appropriately related to the graduated emancipation of a minor: that is, the older the child the more confidentiality must be kept and less information may be shared. While I may inquire about how therapy is going, I agree to respect the safety of the therapy session and keep it private for my child/children.

Date: \_\_\_\_\_

Parent/Legal Guardian - \_\_\_\_\_

Parent/Legal Guardian - \_\_\_\_\_