Heather R. Roberts, MA, LMFT, LPC
Licensed Marriage and Family Therapist
Licensed Professional Counselor
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LEGAL RIGHT TO SEEK TREATMENT OF A MINOR

(NOTE: Except for signature at bottom of page, please print all names in full.)

By my signature below, this documents that I, _____

have been legally designated as the custodial parent with whom my ***daughter/son***

_____ resides.

Further, this documents that I have legal right to seek mental health intervention for the above named child (ren) without a requirement to first seek approval from the biological ***mother/father*** _____. It ***is/is not*** required that I inform the ***mother/father*** that such intervention is to take place. If said notification is legally specified, by signing this statement, I agree that I ***will inform/have informed*** the biological ***mother/father*** prior to the initial appointment for my ***daughter/son***, the initial appointment presently set for_____.

If applicable, I agree to supply the therapist, Heather Roberts, a copy of the portions of my Divorce Decree that indicate the above provisions and to do so no later than the date of my child's second therapy session, a date yet to be established at the time of this document.

_____

Signature of Mother/Father of above named child on Date

_____

Signature of Witness/Provider on Date