

Keri Lawrence MA, LPC
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Consent to Psychological Treatment of A Minor Child

I acknowledge that I have received, have read (or have had read to me), and understand the "Consent to Treatment" handout about the therapy I am considering for my child. I have had all my questions answered fully. I do hereby seek and consent for my child, (insert child's name) _____, to take part in the assessment and treatment provided by Keri Lawrence MA, LPC. I understand that developing a treatment plan with this psychotherapist for my child and regularly reviewing the work toward meeting the treatment goals are in my best interest and those of my child. I agree to play an active role in this process, as agreed upon by Keri Lawrence MA, LPC and my child.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this psychotherapist.

I am aware that I may stop my child's treatment with this psychotherapist at any time. The only thing I will still be responsible for is paying for the services that my child has already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. I understand that my child's problems that lead me to seek services may get worse if I stop treatment prematurely.

I know that I must call to cancel an appointment at least 24 hours before the time of my child's appointment.

If I do not cancel or do not show up, I will be charged for that appointment.

My signature below shows that I understand and agree with all of these statements and that I am the legal guardian of this child and legally able to consent for treatment.

Signature of patient's parent/legal guardian

Date

Printed name Relationship to patient