

Rebecca Toner, M.A., MFT
Licensed Marriage and Family Therapist
IMF #48432

CONSENT FOR TREATMENT OF A MINOR

I, _____ (Parent/Guardian) give consent to Rebecca Toner, MFT, to evaluate and treat my child whose name is indicated below. I understand that this release allows Rebecca Toner, MFT, to meet with my child, to ask personal questions, and to initiate psychotherapy. I understand that as a consequence of psychotherapy, my child may experience associated feelings such as sadness, anger, fear, etc.

I understand that for clinical purposes, Rebecca Toner, MFT, will attempt to guard the confidentiality of my child and will not reveal details of her conversations with my child to me, the parent/guardian. I understand that the confidentiality of my child's psychotherapy sessions will be broken if Rebecca Toner, MFT, suspects child or elder abuse/neglect (even if it has occurred in the past), if my child is expressing threats of violence towards an ascertainable victim, or if my child appears to be in immediate danger to himself/herself. If Rebecca Toner, MFT, has reasonable suspicion that any of the above mentioned dangers exist, she will be required to notify law enforcement and/or child safety workers to protect the safety of those concerned. Should Rebecca Toner, MFT, have suspicion that there is a high risk your child will seriously harm himself/herself or someone else, she will notify you as soon as reasonably possible.

I understand I am free to call Rebecca Toner, MFT, at any time with information deemed important to her work with my child, however Rebecca Toner, MFT, in many cases, may not be able to answer specific questions regarding the content of her sessions with my child. Instead, she will provide general information about her work with my child.

Child's Name: _____ DOB: _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date