



Mark Tinley, MA, LMFT

Marriage & Family Therapist - License # 52487 California, USA

Room A, 7/F, Duke Wellington House

14-24 Wellington Street, Central, Hong Kong

+852 9315 2151 Mark@sCounselling.com sCounselling.com

Authorization for Consent to Treat a Minor

It is my policy to secure the authorization of both parents in obtaining consent to treat a minor. When this is not possible, the decision to proceed with treatment will be at my discretion. This applies regardless of whether there is an intact marriage, a separation, a divorce in which there is joint legal custody or no court order, and to never-married parents.

In addition, if there is any question of legal custody (divorce, adoption, ward of the state, etc), I ask that you please provide proper documentation designating legal custody of the minor for whom treatment is being sought.

Name of minor _____

Minor's birth date _____

My name (adult authorizing consent) _____

Relationship to the minor _____

My home address _____

My phone number(s) _____

My name (adult authorizing consent) _____

Relationship to the minor _____

My home address _____

My phone number(s) _____

I (We), the undersigned, certify that I (we) am (are) the parent(s) or legal guardian(s) of the above-named minor and that I (we) hereby consent to the minor's mental health treatment.

Print name _____

Signature _____ Date _____

Print name _____

Signature _____ Date _____