

Minor Release Form

We, (Parents' Names) _____ and _____, are legal custodial parents with decision-making responsibility for (Minor's Name) _____, a minor. (If sole legal custodian please attach a copy of Permanent Court Order Provision.)

We authorize Cynthia M. Braden, MFT in her capacity as Licensed Marriage and Family Therapist to begin the mental health assessment and treatment of said minor on (Date) _____.

Authorization will be in effect until such time as this psychotherapeutic relationship is terminated.

As legal custodial parents, we understand that we have the right to certain information concerning our minor child in therapy, except where otherwise stated by law. We understand that this therapist will use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information is to be shared with us in order to facilitate treatment. This is my written consent to the mental health assessment and treatment of minor child under the terms stated above.

Both parents must consent for treatment unless the treatment is court ordered or one parent is sole legal custodian (please attach provision).

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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Cynthia M. Braden

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