



Olive Tree Counseling, Inc.

5730 E Pilgrim Ct. Suite A, Wasilla, Alaska 99654
Phone: 907-357-6513 Fax: 907-357-6514

Authorization to Treatment of Minor by Legal Guardian

I confirm that I am currently the Legal Guardian of _____ hereafter referred to as MINOR; and possess the legal rights to make decisions about their treatment.

I acknowledge that I have received, read (or have had read to me), and understand the information provided to me about the therapy I am considering for MINOR. I have had all my questions answered fully.

I do hereby seek and consent to allow MINOR to take part in the treatment by Daniel Davis, PsyD, Mac, Rae Ann Hendrickson, LPC, CDC II, Brittney Punt, LCSW, Derek Sandlin, LPC, or Shelly J. Thomas, LMFT. I understand that a treatment plan will be developed with this therapist and a regular review of progress toward meeting the treatment goals are in the minor's best interest.

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

I am aware that as the Legal Guardian I may stop treatment with this therapist at any time. The financial obligation for the services received shall fall under the responsibility of the parent or Legal Guardian who is initially seeking treatment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and provider(s), of any services or treatments MINOR receives.

My signature below shows that I understand and agree with all of these statements.

Printed Name of Client

Signature of Client

Date

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

Relationship to Client (if necessary)

I, the therapist, have discussed the issues above with the Legal Guardian. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

___Shelly J. Thomas, LMFT ___Rae Ann Hendrickson, LPC, CDCII ___Brittney Punt, LCSW ___Derek Sandlin, LPC

Signature of Therapist

Date