



SEYLER - BERKEBILE MARRIAGE & FAMILY THERAPY

COURTNEY SEYLER, MA, LMFT • AMANDA BERKEBILE, MA, LMFT • & ASSOCIATES

Consent for Treatment of a Minor

Seyler – Berkebile Marriage & Family Therapy requires parental consent for treatment of a minor from both legal parents to provide individual therapy to the child. As evidenced by my signature below, I agree to allow my child to participate in individual therapy with a therapist from Seyler – Berkebile Marriage & Family Therapy. I acknowledge that I have joint legal custody of my child and agree to have the other legal parent bring my child to therapy. I understand that I have the right to information regarding my child’s individual treatment but that anything that occurs in a family therapy session with the other parent will be kept confidential.

I understand I may choose to revoke my consent for the treatment of my child at any time.

Please sign below to acknowledge that you have read and understand what has been stated.

Legal Guardian

Date

Legal Guardian

Date

Therapist

Date

