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Consent to Treatment of a Minor

I state that I am allowed by California law to consent to the mental health treatment of _____, a minor, age _____.

My relationship to the patient is:

(Please check appropriate box)

_____ Biological mother or biological father, and the marriage is intact.

_____ Biological mother or biological father and I am divorced or legally separated.

I have sole legal custody.

I have joint legal custody.

(Please circle which applies) I have provided/will provide a copy of the Custody Order authorizing me to make mental health treatment decisions for the minor.

_____ Stepparent

I have legally adopted the minor.

I am an Authorized Caregiver pursuant to Section 6550 of the Family Code.

(Please Circle which applies) I have provided/will provide a copy of the "Caregiver's Authorization".

_____ Adoptive Parent

_____ Unmarried Parent

There is no dispute as to paternity. (If there is a dispute, only the biological mother can consent.)

_____ Legal Guardian

_____ A "Qualified Relative", including, but not limited to, a brother, a sister, an uncle, an aunt, a grandmother, or a grandfather

(Please circle which applies) I have provided/will provide a copy of the "Caregiver's Authorization".

_____ I have received a copy of the Consent to Treatment of a Minor.

My signature represents my consent to treatment of this minor.

Print name of consenting adult Signature of consenting adult Date

Print name of therapist Signature of therapist Date