Heartstrings Counseling PLLC
7800 S Elati St Ste. 329 Littleton, Colorado 80120
CONSENT TO TREAT A MINOR.

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 Nina Danhorn, MS, LPC NCC of Heartstrings Counseling PLLC in her capacity as Licensed Professional Counselor to begin the mental health treatment of said minor on (Date) _____.

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

As legal custodial parent, we understand that we have the right to information concerning our minor child in therapy, except where otherwise stated by law. We also understand that this therapist believes in providing a minor child with a private environment in which to disclose himself/herself to facilitate therapy. We therefore give permission to this therapist to use her discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with us. This is my written consent to the mental health 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

_____ _____

Signature of Client Date