# Lisa Dumain, MSW, LCSW <br> Individual and Family Therapy 

## CONSENT FOR THE MENTAL HEALTH TREATMENT OF A MINOR

Minor's Name:
Last
First
Middle
Date of Birth:
Month / Day / Year

As the parent or legal guardian with the authority to consent on behalf of the minor named above, I hereby give my consent for the minor to seek counseling, psychotherapy, and/or psychiatric care as deemed advisable and/or necessary by:

## Lisa Dumain, MSW, LCSW <br> NC LCSW License \#003366

The provider above has explained to me the proposed treatment plan which will use modalities that will generally be a form of Cognitive Behavioral Therapy. She has also explained the general nature and extent of the benefits and risks involved in the treatment. I understand that it is not uncommon for behaviors/symptoms to temporarily become worse while we begin addressing them. She has presented alternative treatment options, if any. However, treatment will not be delayed if any emergency exists (e.g., minor presents as a danger to self or other or reports being in danger). Lisa Dumain has assured me that her practice will use evidence-based interventions within a clear, ethical framework to assist me/us in reaching my/our personal goals for therapy. We will regularly review our progress toward goals and revise them as needed. This consent is only for the services initialed below and will be valid until the minor reaches the age of 18, but can be revoked at any time by written notification.

Consent granted for: (please initial)
$\qquad$ Individual psychotherapy
Family psychotherapy
Group psychotherapy

