## Lisa Dumain, MSW, LCSW 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 hereby give my consent for the minor deemed advisable and/or necessary by	to seek counseling, psychotherapy, a	
Lisa Dumain, MSW, LCSW	NC LCSW License #003366	
The provider above has explained to a will generally be a form of Cognitive and extent of the benefits and risks in for behaviors/symptoms to temporarily presented alternative treatment option emergency exists (e.g., minor present Dumain has assured me that her pract framework to assist me/us in reaching our progress toward goals and revise below and will be valid until the minor written notification.	Behavioral Therapy. She has also expolved in the treatment. I understandly become worse while we begin add as, if any. However, treatment will not as a danger to self or other or reportice will use evidence-based interventing my/our personal goals for therapy. them as needed. This consent is only	replained the general nature of that it is not uncommon ressing them. She has not be delayed if any tes being in danger). Lisa tions within a clear, ethical We will regularly review of for the services initialed
Consent granted for: (please initial)		
Individual psychoter Family psychother Group psychothera	apy	
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Address (Street, City, State) of Parent/Guardian		Phone of Parent/Guardiar