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**CONSENT TO TREAT A MINOR**

I, \_\_\_\_\_ having legal custody, hereby consent to mental  
(Print your name)  
health treatment for \_\_\_\_\_ with Anita Cooper-Marquez,  
LMFT. (Print minor's name)

Psychotherapy with people of any age relies on the client's confidence that what is shared with the therapist is private and confidential. While parents and guardians have the right to know general information about how the therapy with their child is progressing, in signing this form you waive the right to know the private details of the child's therapy or to have access to confidential therapy records of the child. A general summary can be provided at any time upon written request.

I understand that I am to remain on site while my child is in session in the event my presence may be necessitated during this time.

\_\_\_\_\_  
Signature of Parent, Guardian, or  
Authorized Representative if Required

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Anita Cooper-Marquez, LMFT#108281

\_\_\_\_\_  
Date

**PARENT AGREEMENT**

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Thank you for entrusting me with the psychological care of your child. My role is to help your child develop the coping skills needed to handle the challenges in his/her life, both now and in the future.

I will do my best to work with both parents of the children I treat, when possible. As a result, I attempt to contact both parents and, if necessary, I document reasons for working with only one parent and the steps taken to involve the other. **If only one parent/legal guardian signs the form, I will need a copy of the custody order signed by the judge.** If this presents any problem, please immediately bring this to my attention.

California law requires that I share specific types of information (see Informed Consent, Confidentiality section). The law grants me the right to withhold information I may believe will result in damage to my professional relationship with your child or will place the child in physical or emotional danger if disclosed. For these reasons I ask parents to allow me to share only what I am required by law to share and to whatever information the child wishes discussed with parents.

I also want parents to understand that there are two requests I cannot grant, as doing so would endanger their child's safety and the progress of their therapy: 1) I do not confer with attorneys for either side in a divorce or custody dispute (nor do I hold lengthy conferences with one parent that I would not hold with the other parent), 2) I do not write letters or make statements regarding what custody or visitation arrangements I believe would be in the best interest of the child. I can, however, confer with a child's own attorney, if one has been retained/appointed. I charge a retainer of \$1000 in such cases where I am subpoenaed to court for any reason on your behalf.

I have read and understand this agreement:

Name of Minor: \_\_\_\_\_ Name of Parent(s) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_