Kyle Jankowski, M. MFT, LMFT

(830) 708-4919

Consent for Treatment of Minors

Parent/Guardian Name(s): _____

This is to certify that I give my permission to Kyle Jankowski, LMFT for treatment of my child(ren). My/our signatures below affirms that I have the legal authority to consent for treatment of the child(ren) named below. If my legal guardianship is in any way directed by a court order, I agree to provide a copy to Kyle Jankowski, LMFT for his records. I agree to inform Kyle Jankowski, LMFT of custody and guardianship arrangements, and, if applicable, will inform the co-parent of the child(ren)'s participation in therapy.

I/we, the legal parent(s) or guardian(s) of the minor child(ren):

Child's Name: _____ Child's Date of Birth:_____

Child's Name: _____ Child's Date of Birth:_____

Child's Name: _____ Child's Date of Birth:_____

grant my/our permission for any psychotherapy, testing, or diagnostic evaluation that Kyle Jankowski, LMFT may deem necessary in individual or family psychotherapy. I/we understand the potential for emotional discomfort and relationship changes not originally intended. I/we understand Kyle Jankowski, LMFT does not guarantee any particular results or outcome from the psychotherapy process.

Parent/Guardian Initials _____

understand and agree to the confidentiality policies as detailed in the full consent form. These include the exceptions to confidentiality mandated by state law. These also include the possibility of sharing information disclosed in individual sessions, phone conversations, or written messages with those family members who have consented to treatment information.

Parent/Guardian Initials _____

understand the risks of psychotherapy as explained in the full consent form. I/we understand KyleJankowski, LMFT does not provide emergency services and in the event of an emergency I/we agree to go to the nearest emergency room, call 9-1-1, or contact the Crisis Stabilization Unit of the Center for Health Care Services at 225-5481 (after hours 531-7826) or the United Way Help Hotline at 227- 4357 (HELP).

Parent/Guardian Initials _____

To be signed by a legal parent(s) or guardian(s):

_____ _____ _____

(Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

_____ _____ _____

(Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)