Laura Molzer, MS, LMFT

Laura Molzer Therapy, LLC
1200 S. College Avenue, Suite 208
Fort Collins, CO 80524

Phone: (970) 672-5535
Fax: (970) 672-5536

CONSENT FOR PSYCHOTHERAPY TREATMENT FOR A MINOR

I, _____ give my permission to Laura Molzer, MS, LMFT
(Parent/Guardian)

to meet with my child/children _____, _____,
(Minor's Name) (Minor's Name)

_____, _____, _____
(Minor's Name) (Minor's Name) (Minor's Name)

for the purpose of psychotherapeutic treatment. I certify that I have the legal authority to give consent for treatment.

Please check one:

_____ I am married to the child's other parent/guardian.
_____ I am not married to the child's other parent/guardian and decision making responsibilities have not been established in court.
_____ I have sole decision making for my child and can present therapist with paperwork verifying my authority.
_____ I have joint decision making for my child, and thus understand the therapist will have to receive consent from the other parent before treatment can begin.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____