

**Ceci Addams, MS
Licensed Marriage and Family Therapist (# MFC 45251)
dba Compassionate Counseling Services**

**23201 Mill Creek Drive, Suite 220
Laguna Hills, CA 92653**

**949-678-9530
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PARENTAL CONSENT FOR COUNSELING OF A MINOR

(I) (We), the undersigned parent(s) or legal guardians of [Name(s) of Child(ren)] _____

do hereby give (my) (our) consent for the provision of counseling services by Ceci Addams, Licensed Marriage and Family Therapist ("Therapist").

(I), (We) understand that all communications between my/our child(ren) and Therapist are confidential, with the exception of circumstances where the Therapist is legally required to break confidentiality, including:

1. when there is reasonably suspected child abuse, or elder abuse, or dependent adult abuse,
2. when the Therapist becomes aware of a serious threat of physical harm to another, and/or
3. when my child(ren) present(s) a danger to self

This authorization shall remain in effect until revoked in writing by the undersigned.

SIGNED:

Mother _____

Date _____

Father _____

Date _____

Legal Guardian _____

Date _____