

Consent to Treat a Minor

I, the undersigned parent, person having legal custody or guardianship/authorized care provider of _____ (the “minor”), do hereby authorize Charise C. Medeiros, M.S., MFT of Renew Psychotherapy to provide behavioral health services to the Minor. Such services may include, but are not limited to psychological assessment and evaluation, psychological testing, and counseling.

I understand this authorization may be revoked in writing at any time. If not previously revoked, this authorization shall remain effective one year from the date of signature below.

Signature of Parent/Guardian/Authorized Care Provider

Date

Witness