

**SOLUTIONS ... FOR A CHANGE**  
**KATHRYN MONTGOMERY, MA, LPC, NCC, CHT**  
**(720) 350-1813**

**CONSENT FOR COUNSELING SERVICES TO MINORS**

In order for minor children/adolescents to receive psychotherapeutic counseling services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name[s] and date[s] of birth of minor children to receive psychotherapeutic services:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you the parent and/or legal custodian to the above-named minor[s]?      Yes      No

I hereby swear that I have the legal right to obtain and authorize psychotherapeutic services for the above-named minor[s].      Yes      No

In instances of divorce, it is essential that the legal custodian of the minor[s] grant permission for the services. If you are a divorced parent, a step-parent, a grandparent, a guardian, or in another kind of relationship to the minor, you may be asked to provide a copy of the court order which names you the legal custodian of the above-named minor[s]. Are you willing to do so?

Yes      No

*If the answer to any of the questions above is "No", counseling services cannot be provided to the above-named minor[s] until a copy of the court order naming you as the legal guardian is provided to this office.*

By signing below, I acknowledge that both natural parents, even though divorced, may have a right to obtain information regarding the nature and course of treatment of the minor[s] from the provider providing psychotherapeutic services to the above-named minor[s]. By signing below, I acknowledge that I have read and understand the provisions of State law under which counselors provide psychotherapeutic services to minors.

- ✓ Colorado state law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency by the minor[s'] counselor.
- ✓ As such, treatment provided to the above-named minor may also include referral to other appropriate State and County agencies for further counseling services.

I, \_\_\_\_\_, give my consent and legal authorization for Kathryn Montgomery, MA, LPC, NCC, CHT to provide psychotherapeutic services to the above-named minor[s].

\_\_\_\_\_  
Signature of person providing authorization

\_\_\_\_\_  
Date