

**Deborah Lakeman M.A.**  
Licensed Marriage and Family Therapist  
LMFT #48789  
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**Consent for Treatment of a Minor Child**

The following statements provide your your legal consent to and financial responsibility for therapy services to a minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist. Please read carefully review this information and sign where indicated. You are requested to discuss any questions you may have with the therapist.

**Statement of Responsibility and Grant of Permission for Therapy**

I am the: Natural Parent ( ) Legal Guardian ( ) Managing Conservator of ( )

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(Name of Minor Child)

I am legally responsible for the child named above and grant permission to Deborah Lakeman LMFT to conduct therapy with this child.

I accept responsibility for the timely payment of all fees due for services provided to this child.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Duty to Warn Notice**

Deborah Lakeman, LMFT is committed to the confidentiality and privilege communication with all clients. There are, however, several exceptions. According to California law, any evidence of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the therapist's duty to report such action or intent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_