

The Multicultural Therapy Center

12821 Newport Ave., Tustin, CA 92780 www.TheMulticulturalTherapy Center.om www.lifebeyondyourlimits.com

714.803.4866 maryanne_duan@yahoo.com

CONSENT FOR TREATMENT OF A MINOR

The minor-aged client,	, will receive	
behavioral/psychological treatment from(input your title, LMFT, LCSW, LPC, etc)		who is a
Your signature below indicates that you are aw treatment fromsupervision of a licensed psychologist.	vare that the minor is rece_, an unlicensed trainee/i	
Client's Name	Date of Birth	
Client's Signature		
Parent/Guardian Name	Pa	rent/Guardian Signature
Witness		Date