



Peace of Mind Counseling, LLC

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710 11th Avenue
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CONSENT FOR PSYCHOTHERAPY TREATMENT FOR A MINOR

Parent/Guardian 1:

I, _____ give permission to Jael A. Esquibel, MA, LPC, NCC to meet with
(Parent/Guardian Name)

my child, _____ for the purpose of psychotherapeutic treatment.
(Minor's Name)

I certify that I have the legal authority to give consent for treatment.

Please check one:

I am married to the child's other parent/guardian.

I am not married to the child's other parent/guardian and decision-making responsibilities have not been established in court.

I have sole decision making for my child and can present therapist with paperwork verifying my authority.

I have joint decision making for my child, and thus understand the therapist will have to receive consent from the other parent before treatment can begin.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian 2:

I, _____ give permission to Jael A. Esquibel, MA, LPC, NCC to meet with
(Parent/Guardian Name)

my child, _____ for the purpose of psychotherapeutic treatment.
(Minor's Name)

I certify that I have the legal authority to give consent for treatment.

Please check one:

I am married to the child's other parent/guardian.

I am not married to the child's other parent/guardian and decision-making responsibilities have not been established in court.

I have sole decision making for my child and can present therapist with paperwork verifying my authority.

I have joint decision making for my child, and thus understand the therapist will have to receive consent from the other parent before treatment can begin.

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Jael A. Esquibel, MA, LPC, NCC