

## Consent for Treatment of Minor(s) or other dependents

I \_\_\_\_\_ give my consent for Francine Grevin, Psy.D. to

conduct psychotherapy/psychological testing with

My relationship to the client (parent, uncle, etc.):

I have been notified that the holder of the privilege is (parent, guardian, etc.)

\_\_\_\_\_

I have also been notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitations of confidentiality in the Office Policies Form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Dr. Grevin's clinical judgment in regard to releasing or sharing this type of information with me/us during the course of psychotherapy with said minor.

\_\_\_\_\_  
Name (print)                      Relationship                      Signature                      Date

\_\_\_\_\_  
Name (print)                      Relationship                      Signature                      Date