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**CONSENT FOR TREATMENT OF MINORS**

**Child's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

*In the state of Colorado, one biological parent may consent to their child's mental health treatment if the biological parents are married. If the child's biological parents are separated or divorced, both parents usually must consent to their child's mental health treatment. An exception would be if the court assigned all medical decision-making rights to only one of the parents. (This may be different from who has "custody" or with whom the child resides.) Additionally, both biological parents usually have the right to review the child's records. Step-parents may not consent to the child's mental health treatment.*

*Please review your custody agreement, and speak to me if you have questions about who will need to consent to treatment. Please check one of the following:*

- The child's biological parents are married. (One or both parents may sign.)
- One of the child's biological parents is deceased.
- The child's biological parents are not married, or are separated or divorced. (Both biological parents must sign, unless the court granted all medical decision-making rights to only one of the parents.)
- A legal guardian has medical decision-making rights for the child.

I/We \_\_\_\_\_ am/are the legal  
custodial parent(s)/guardian(s) of \_\_\_\_\_ and give permission to  
Laura McCarthy, PhD, LMFT to provide psychological services and/or family therapy to my/our child.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

