

Janet M. Hack, Psy.D.  
Psychological Assistant, PSB 30491  
181 Andrieux Street, Suite 212  
Sonoma, CA 95476-6920  
(707) 548-8853  
hackpsy@sonic.net

## Consent for Treatment of a Minor

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

Date of Birth: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, give Janet M. Hack, Psy.D. permission for the treatment of my child, \_\_\_\_\_. This treatment may include individual or group psychotherapy, counseling, and consultation with other professionals. If consultation is necessary, a release of information will be signed prior to any action.

California State Law mandates the reporting of certain types of child abuse including neglect, physical abuse, sexual abuse, emotional abuse, and psychological abuse. All actual acts of child abuse will be reported to the appropriate agency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Business/Work Address

\_\_\_\_\_  
Business/Work Address

\_\_\_\_\_  
Business/Work Phone

\_\_\_\_\_  
Therapist: Janet M. Hack, Psy.D.

\_\_\_\_\_  
Date