Coffee Counseling, Coaching, & Consulting
Private Practice of Barbara Coffee, Ph.D., ABD, LMFT
Winter Park, FL

CONSENT TO TREATMENT OF A MINOR

I, (print name) _____,

am the (circle one) MOTHER FATHER LEGAL GUARDIAN

of _____,

and I authorize Barbara Coffee, Ph.D., ABD, LMFT to provide psychotherapy to said minor.

I also agree to be legally responsible for any charges said minor may incur during therapy with Barbara Coffee, Ph.D., ABD, LMFT _____ (initial here)

_____ Date: _____
Signature of parent or guardian

_____ Date: _____
Witness