

**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)

\_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_