

Rennie Smith, Licensed Marriage Family Counselor #50238  
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<h2>CONSENT FOR TREATMENT FOR MINOR/S &amp; OTHERS</h2>
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I \_\_\_\_\_  
give my consent that **Rennie Smith LMFT #50238**, will be conducting psychotherapy  
with \_\_\_\_\_.

My relationship to the client (parent, uncle, etc.) is \_\_\_\_\_.

I was notified that the holder of the privilege is (parent, guardian, etc.)  
\_\_\_\_\_

I was also 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 limitation to confidentiality in the Office Policies form, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Rennie Smith LMFT #50238 judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
_____ Name of Child (print)	_____ Relationship	_____ Signature	_____ Date