



Consent for Treatment

I, _____, the undersigned, am giving permission for
(Parent/Guardian Full Name)

Abundant Solutions, LLC to provide mental health services to _____.
(Minor Full Name)

I have been informed of the risks and benefits of different treatment choices in therapy. I understand that the mental health treatment that I am agreeing to may include Individual, Family and/or Group psychotherapy for myself and family. If clinically indicated, I understand that I may be referred to a psychiatrist for the propose of providing a diagnostic confirmation and medication assessment. I have had the chance to discuss the current symptoms I am experiencing and believe I understand the treatment that Is planned. Therefore, I agree to play an active role in this treatment as needed and I give this therapist permission to begin this treatment as shown by my signature below.

Signature of Parent/Guardian

Date

I, Dr. Nikia Edwards, LPC, have discussed the concerns above with the child's parent or guardian. My observations of this person's behavior and response give me no reason, in my professional judgement, to believe that this person is not fully competent to give informed and willing consent of the child's treatment.

Signature of Therapist

Date