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### Consent to Treat a Minor

I (We), \_\_\_\_\_ as the parent(s) /legal guardian who has / have sole / joint custody of \_\_\_\_\_ give permission to Michelle Lane, Licensed M.F.T, to provide psychotherapy for my (our) child in the form of individual or conjoint sessions which may include psychological assessment.

I (We) understand that my (our) child's therapist will keep information gained during individual sessions private but will inform me (us) about the child's general progress and promises to involve me (us) immediately if needed to avert danger to my (our) child.

Parent / guardian signature: \_\_\_\_\_

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

**If joint legal custody:** I understand that as a parent with joint legal custody it is my responsibility to inform the other legal custodian that \_\_\_\_\_ is participating in counseling. I understand that the other legal custodian may seek information and / or records pertaining to this counseling and / or may object to counseling for the minor (s) and terminate treatment.

Parent / guardian signature: \_\_\_\_\_