

OPEN-MINDED MARRIAGE & FAMILY THERAPY, PLLC

CONSENT FOR MINOR

If you are the parent or legal guardian of a minor child (herein, “Minor Client”), which means your child is under 18 years old, you must give your written permission and consent for the Minor Client to use the SessionsHealth Software and Services as well as for therapy in person. You understand and agree, by signing this form, that the Minor Client’s use of the SessionsHealth Software and Services will be governed by the same terms of service that are applicable to your use of the SessionsHealth Software and Services.

You agree that the practice listed above has your permission and consent to use the SessionsHealth Software and Services to schedule appointments, communicate with you and/or the Minor Client, document and administer the Minor Client’s care and treatment, utilize telehealth services, and all other actions in any way related to being the Minor Client’s provider. You agree that the practice listed above has your permission and consent to provide therapeutic services in person at 2100 Middle Country Road, Suite 211B, Centereach.

By signing below, you also attest to and certify that you are the Parent/Legal Guardian of the Minor Client, and that you have current and unrevoked legal authority to grant permission and consent to the above listed practice permitting the Minor Client to use the SimplePractice Software and Services

YOU AGREE, THAT IF AND WHEN YOU NO LONGER HAVE SUCH AUTHORITY, YOU WILL IMMEDIATELY NOTIFY THE MINOR CLIENT PRACTICE IN WRITING.

BY SIGNING BELOW, YOU HEREBY AGREE THAT YOU, AS PARENT/LEGAL GUARDIAN OF THE MINOR CLIENT LISTED ABOVE, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS CONSENT AND THAT PERMISSIONS YOU HAVE GRANTED IN THIS CONSENT ARE WITHOUT LIMITATION.

Signature

Date