



Kentlands Kids

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CONSENT TO RECEIVE OUTPATIENT MENTAL HEALTH SERVICES

I/We give consent for _____, to receive outpatient mental health services at Kentlands Kids, LLC. Outpatient mental health services includes: evaluations, assessment, individual therapy and family therapy. I/We understand that personal information provided about my child and our family will remain confidential.

I/We declare that I/We am/are this child's legal guardian.

A separate outpatient contract will be completed following an initial assessment and before individual or family therapy sessions begin.

Signature of Client or Parent/Guardian

Date of Authorization

Printed Name

Signature of Parent/Guardian

Date

Printed Name

IF BOTH PARENTS ARE LEGAL GUARDIANS, BOTH PARENTS MUST SIGN IN ORDER FOR YOUR CHILD TO RECEIVE TREATMENT.