



Center for Creative Psychology

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Release for the Treatment of a Minor

As the parent or legal guardian of _____ I authorize his/her evaluation and treatment. As parent or legal guardian, I have the right to request information concerning the above minor's evaluation and treatment.

Father's Signature _____ Date _____

Print Name _____

Mother's Signature _____ Date _____

Print Name _____

Witness _____ Date _____

Jenni Silberstein, Ph.D.