

Catherine A. Curtin, Ph.D.
Alliance Community Counseling Center
1040 Lincoln Ave.
San Jose, CA 95125
(408) 425-0122

CONSENT FOR TREATMENT OF A MINOR

We, the parents of _____, authorize and request that Catherine A. Curtin, Ph.D., provide psychological evaluations, treatment and/or diagnostic procedures which are now or during the course of our child's treatment are advisable. The frequency and type of treatment will be decided by Dr. Curtin and us.

We understand that there is an expectation that our child will benefit from psychotherapy but there is no guarantee this will occur.

We have read and fully understand this Consent for Treatment form.

Name: _____ Signature: _____ Date: _____
(please print)

Name: _____ Signature: _____ Date: _____
(please print)