

**Ceci Bolan, MS**  
**Licensed Marriage and Family Therapist (# MFC 45251)**  
**Compassionate Counseling Services**  
**23201 Mill Creek Drive, Suite 220**  
**Laguna Hills, CA 92653**  
**949-678-9530**

**PARENTAL CONSENT FOR COUNSELING OF A MINOR**

(I) (We), the undersigned parent(s) or legal guardians of [Name(s) of Child(ren)]\_\_\_\_\_

\_\_\_\_\_

do hereby give (my) (our) consent for the provision of counseling services by Ceci Bolan, Licensed Marriage and Family Therapist ("Therapist").

(I), (We) understand that all communications between my child(ren) and Therapist are confidential, with the exception of circumstances where the Therapist is legally required to break confidentiality, including:

1. when there is reasonably suspected child abuse, or elder abuse, or dependent adult abuse,
2. when the Therapist becomes aware of a serious threat of physical harm to another,
3. when my child(ren) represent(s) a danger to self

This authorization shall remain in effect until revoked in writing by the undersigned.

SIGNED:

Mother \_\_\_\_\_

Date \_\_\_\_\_

Father \_\_\_\_\_

Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_