



Anna Marie Askin-Evans, LPC, LMFT
20 Ashby Street, Warrenton, VA 20186
540-347-3797

Consent to treat a minor:

I, _____, give my consent to **Anna Marie Askin-Evans, LPC, LMFT** to conduct psychotherapy with minor child,

I understand that all material discussed during the psychotherapy sessions is confidential. In case of a minor, special sensitivity may be required in releasing information about certain topics, such as drugs and sex. I will accept the therapist's judgment regarding releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

If she thinks that my child will hurt him/herself or someone else, she will reveal that to myself and/or the appropriate authorities.

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date