

MAUREEN LYONS TASHJIAN, MSW, LCSW

Individual, Couples & Family Therapist

Authorization to Treat Minor Child

Dear Parent(s)

Due to the ever-changing legal environment we find ourselves in, this office does not see minors without the consent of both parents of the minor child. If you have shared custody of your child it is your responsibility to obtain permission in order for your child to receive treatment from this office.

Parents/guardians please be aware that confidentiality applies to the child. If you have any question please feel free to contact this office during regular business hours to discuss any questions or concerns regarding your child. Please include the best number to reach you and your call will be returned within 24 hours. If there are any family sessions this office will make every attempt to include both parents. However, the therapeutic process is designed for your child and if family therapy is needed appropriate referrals will be made.

(Printed Name)

I authorize and give consent to this person or Organization: **Maureen Lyons Tashjian** to treat the above named minor.

Maureen Lyons Tashjian MSW, LCSW

509 Floral Vale Blvd

Yardley, PA 19067

(215) 860-1062 FAX is the same

I understand that I can revoke or cancel this authorization at any time by sending a letter to this office listed above. If I do this, it will prevent any additional treatment and releases after the date it is received but cannot change the fact that some information may have been sent or shared before that date.

I understand that I do not have to sign this authorization & that my refusal to sign WILL affect my child's abilities to obtain treatment. If you have any questions about this release, please do not hesitate to contact this office.

Signature of client (or guardian)

Date:

Witness

Date:
