

Silver Lining Counseling Services LLC
Elizabeth Ross LMFT LPC
12295 Oracle Blvd. Ste 210
Colorado Springs, CO 80921
Phone: 719-339-4179
E-mail: elizabeth@younifycounseling.com

Consent For Treatment Of Minors & Custodial Parent Release Of Confidential
Information Form

Client Name _____ DOB _____

I verify I am the custodial parent/legal guardian of the above named child/children. I give my permission to Elizabeth Ross for treatment of my child/children. I also affirm that as a custodial parent/legal guardian I do have legal right to consent to treatment. This treatment may include individual, family or group psychotherapy, counseling & assessments. This treatment may include splankna work as described in the disclosure statement. This treatment may include consultations with other associates. I also give permission/release for my therapist to contact anyone she needs to contact to gather data for assessment purposes and to facilitate the treatment of my child/children, myself and/or my family.

Signature of Custodial Parent/Legal Guardian Date

Printed Name of Custodial Parent/Legal Guardian Date

Street Address City State Zip