

Counseling & Psychotherapy
818 NW 17th Avenue, Portland, Oregon 97209
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www.AllianceCounselingCenter.org

Dear Prospective Client,

As a client who is under the legal age of consent, you are required to provide parental consent to psychotherapy. This does not mean that you are giving us a release of information to your parent. Please ask your parent to sign the form below and return it during your next scheduled appointment.

Sincerely,

The clinical staff of Alliance Counseling Center

I am the legal guardian of _____
and give my full consent to psychotherapy for my daughter/son. I understand that this document does not release information to/from the psychotherapist to/from me.

Parent's Signature: _____

Date: _____

Parent's Name (Please print): _____

Client's Signature: _____

Psychotherapist: _____

This document is in effect for one year from this signing.