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Parental Permission Informed Consent Form

I/We, _____ give Laura Reames, LMFT, permission to see my/our son/daughter, _____ for treatment or counseling with or without my being present during sessions. I/we understand that we have the right to control the disclosure of private counseling information about my child. I/we give Laura Reames, LMFT, permission to keep confidential personal information that my child reveals in session. This is done to create safety and trust between the therapist, Laura Reames, LMFT, and my child. The only exception to this discretion would be in the case of harm coming to my child or someone else.

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Laura Reames, LMFT _____ **Date** _____