

Linda M. Rio, M.A., MFT  
155 Granada St STE N  
Camarillo, CA 93010  
(805) 987-3162 x 4  
(805) 383-1502

## Consent for Treatment of a Minor

As a *legal* parent or guardian for \_\_\_\_\_  
(my child/children name(es))

I grant permission to Linda M. Rio, M.A., Marriage and Family Therapist (treating therapist) to treat my child(ren). I understand that Linda M. Rio will maintain confidentiality of information obtained within the therapy setting. I also understand that I may obtain information pertaining to billing and dates of service. I also understand that it is usually desirable for parents/guardians to be involved in a child's therapy depending upon the recommended treatment plan.

Signed:

\_\_\_\_\_ (parent/guardian) \_\_\_\_\_ (date)

\_\_\_\_\_ (parent/guardian) \_\_\_\_\_ (date)

Billing:

If I am the legally responsible party I authorize Linda M. Rio, M.A., to bill my insurance company and to receive payment.

Signed:

\_\_\_\_\_ (parent/guardian) \_\_\_\_\_ (date)

Please complete this form and mail or FAX to the above address