



**Susan Farber, MFT**  
Embrace Change and Transformation

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## Consent For Treatment Of Minor(s) & Others

I \_\_\_\_\_ give my consent that Susan Farber, MFT will be conducting psychotherapy with (name of client). \_\_\_\_\_

My relationship to the client (parent, uncle, etc.): \_\_\_\_\_

I was notified that the holder of the privilege is (parent, guardian, etc.) \_\_\_\_\_ .

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Susan Faber's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

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Name (print)	Relationship	Signature	Date
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