

RELEASE FOR THE EVALUATION
AND TREATMENT OF A MINOR

As parent or legal guardian of _____ I authorize his/her treatment. I understand and agree that both parents of a child receiving services from _____ shall be furnished with access to the child's records or such portions thereof, as may be required by federal or state law, unless documented differently through a divorce decree, or parental rights to the child have been terminated by the courts.

Signature _____ Date _____

Witness _____ Date _____