

# Grace Duarte de Baker, LCSW

Licensed Clinical Social Worker

CA 74511 TN 6737

Memphis, TN

(901) 245-2922

Our policy is to require consent from both parents or legal guardians for treatment services for clients that are underage. The role of parents is very important for treatment to be successful. Signature by both parents below indicates that both provide consent for services to be provided.

Name of underage children receiving services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian 1

I \_\_\_\_\_ consent and support my child to receive services of psychotherapy from Grace Duarte de Baker, LCSW.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian 2

I \_\_\_\_\_ consent and support my child to receive services of psychotherapy from Grace Duarte de Baker, LCSW.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For therapist use only

Parent or Guardian 1

Signed

Refused to sign

Not available to sign

Parent or Guardian Legal 2

Signed

Refused to sign

Not available to sign

Notes \_\_\_\_\_

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_