

**Jeff A. James MFT (# 49213)**

Christian Counseling Centers, [www.salinas-counseling.com](http://www.salinas-counseling.com)

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**Consent for Treatment of Minors**

I understand that my child (under age 18) may not receive counseling services without my consent.

I hereby give consent for \_\_\_\_\_ to receive counseling services from Jeff A. James, MFT.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Exceptions to this policy by law:

- The minor must be at least 12 years of age, and
- The minor must be mature enough to participate intelligently in counseling, and
- The minor must present a danger of serious physical or mental harm to him/herself or others without such counseling or treatment, or the minor must be the alleged victim of incest or child abuse.

If exceptions apply, document here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_