

Single Parent Addendum to Consent Form

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I _____ (Name of Custodial Parent) state that I am the sole custodial parent and have the ability to authorize the mental health treatment of _____ (name of son or daughter) for one or multiple of the following reasons:

Please check all that apply to you:

- _____ 1. The father of my child and I were never married
- _____ 2. My child is adopted (I will provide adoption papers)
- _____ 3. The father of my child and I are divorced and settled custody out of court
- _____ 4. The father of my child is out of the picture completely

I acknowledge that these statements are true to the best of my knowledge and that if ever called to court this document will be provided in addition to the consent form. I will also provide any additional paperwork to my therapist proving medical custody of my child.

Name of Custodial Parent - Please Print

Signature

Date

Signature of Therapist

Date