

# *New Life Psychotherapy*

Vanessa Neuhaus, M.S., LMFT, LIMHP  
Lincoln, Nebraska  
(402) 937-8410

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

## *Consent For Treatment of a Minor*

As the parent or legal guardian with the authority to consent on behalf of the minor named above, I hereby give my consent for the minor to seek mental health treatment as deemed necessary and appropriate by Vanessa Neuhaus, MS, LMFT, LIMHP of New Life Psychotherapy. In the absence of signed consent, treatment will not be delayed if any emergency exists. This consent will be valid until the minor reaches the age of 19, but can be revoked at any time by written notification from the parent/guardian. Any questions or concerns related to this form or to the proposed treatment can be directed to Vanessa Neuhaus, MS, LMFT, LIMHP either in person or at (402) 937-8410.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Relationship to client)

\_\_\_\_\_  
Vanessa Neuhaus, MS, LMFT, LIMHP

\_\_\_\_\_  
Date