Meredith O'Brien & Affiliates, LLC

License#: 44SC05384300, NPI#1841558756 65 Mechanic Street, L2, Red Bank, New Jersey, 07701 732-977-9729 Tax ID #45-4926269

Consent to Treatment of a Child/Minor

Name of child client:	
risks and benefits of different treatment choices. I h questions answered, and believe I understand the tre	I have discussed my child's situation. I have been informed of the ave had the chance to discuss all of these issues, have had my atment that is planned. Therefore, I agree to play an active role in another professional, as he or she sees fit) permission to begin this
Signature of parent/guardian	Date
	the child's parent or guardian. My observations of this person's ofessional judgment, to believe that this person is not fully he child's treatment.
Signature of therapist	