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***CONSENT FOR PSYCHOLOGICAL SERVICES ON BEHALF OF A MINOR CHILD***

By my signature below, I am giving consent for the minor child, \_\_\_\_\_  
\_\_\_\_\_ whose date of birth is \_\_\_\_\_, to receive psychological  
services. The specific services to be provided are \_\_\_\_\_  
\_\_\_\_\_.

I affirm that I have the legal right to consent to these services on behalf of the child. My  
relationship to the child is \_\_\_\_\_.

If applicable, I have provided a copy of the legal documents which verify my right to  
give consent on behalf of my child. By my signature, I am also agreeing to waive my  
right to inspect or have a copy of my child's record based on my understanding that my  
child is unlikely to disclose information without the assurance of confidentiality of  
specific information that he or she discloses. I understand that I am entitled to a  
summary of the information in my child's file and/or progress reports, and that I will be  
informed immediately if there is reason to believe that my child is a danger to himself/  
herself or to another individual.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness