



Coral Counseling Center LLC
Erica Boan, MS, LPC
313 South Ave, Suite 401
Springfield, MO 65806

Minor Consent for Treatment

I heartily consent to assessment, treatment, counseling and/or family therapy for myself, my child or legal ward a deemed appropriate by the staff of Coral Counseling Center LLC. My signature indicates that I understand the information as provided to me on the information sheet I received with this consent form.

I give permission for this agency to release information necessary to bill Medicaid, Medicare, private insurance or collection agency for services rendered by Coral Counseling Center LLC.

I understand it is my responsibility to notify any other parents or legal guardians that my child is receiving counseling services at Coral Counseling Center LLC.

I understand that the counselor's role is to benefit the child and every effort will be made to limit involvement in parental conflict. I agree that I am not attempting to gain advantage in any legal proceeding between myself and another parent/guardian by bringing my child to counseling.

Court appearance fee is a minimum of \$400 per hour with a minimum of two hours including travel time, office supplies and preparation. There is no additional fee to provide a report regarding your counseling here, provided you have signed off on a Release of Information.

Signature	Date	Time	Relationship to Child
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