



TERESA BROWN

M.Ed., LPC, Registered Play Therapist

101 Southwestern Blvd. | Suite 105

Sugar Land, TX 77478

281-504-8004

Texas License Number: 71647

Documentation of Right to Seek Mental Health Treatment for Child

Child/Client's Name: _____

Date of Birth: _____

By signing below, I certify that I have the right to seek mental health treatment for the child identified above. I understand that before treatment can begin I must provide a copy of the divorce decree with the section identifying my right to seek mental health treatment clearly highlighted.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Witness

Signature of Witness

Date