

Center For Positive Change, P.C.
205 Commerce Dr, Suite C, Grayslake, IL 60030
128 Newberry Ave., Libertyville, IL 60048
Jon Cole, Ph.D. – 847-548-5678
Andrew Hoffman, Psy.D. – 847-522-7521
Licensed Clinical Psychologists

**Consent by Parent / Legal Guardian for Minor (Age 12 through 17)
to Receive Counseling/Psychotherapy Services**

I/We, _____,
(Print name(s))

parent(s) / legal guardian(s) of _____,
(Print name)

voluntarily give consent for him/her to receive counseling/psychotherapy services with Jon Cole, Ph.D. or Andrew Hoffman, Psy.D.. I/We understand that I/we may decide at any time to decline consent for the continuation of these services, and that I/we will inform Dr. Cole or Dr. Hoffman of this decision as soon as possible.

I/We agree to work cooperatively with Dr. Cole or Dr. Hoffman as needed. I/We have read and signed a "Psychotherapy Services Agreement for Minors & Notice of Policies and Practices to Protect the Privacy of Your Health Information" provided by Dr. Cole or Dr. Hoffman and have adequately discussed with him any questions I/we have about any aspect of the services.

Signature of Parent / Legal Guardian

Date

Signature of 2nd Parent / Legal Guardian (if applicable)

Date