

HEATHER STONE, PH.D.

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**CONSENT FOR TREATMENT OF A MINOR
Addendum to Service Contract**

I hereby acknowledge that I am the legal guardian of the minor child named below, and that there are no other legal guardians of the minor child, except for those additional names listed on this Consent form. I consent to the provision of counseling services to the child with Dr. Heather Stone.

Name of Minor Child

Date

Name of Parent/Legal Guardian

Signature

Relationship

Name of Parent/Legal Guardian

Signature

Relationship