

**HEATHER STONE, PH.D.**

Clinical Psychologist, PSY 21112

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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