



Carolina Counseling Services
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Form updated January 2019

Consent of Treatment of Minor Client

Date: _____

Minor Patient's Name: _____

Date of Birth: _____

Initial all that apply

_____ Non-Custodial parent is unable to consent for treatment, due to in ability to locate parent.

_____ Consenting Parent/Guardian has made diligent efforts to locate Non-Custodial parent with no response.

_____ Parent/Guardian consents to treatment and is unable to attend scheduled initial appointment

_____ Copy of Identification card has been submitted

_____ Other: _____

Parent/Legal Guardian

Parent/Legal Guardian Printed name

* Form may be brought to office or emailed to newclient@ccs.hush.com. We recommend emailing from a secure email address should you chose to submit via email.

Thank you for the opportunity to assist your patient! Please call us anytime so that we may assist you!