

Ilyssa Swartout, Psy.D.
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Consent To Treat Minor Children In Family Therapy

I _____, give my permission for my children to be in family therapy with Ilyssa Swartout, Psy.D., and my spouse/ex-spouse. The children that will be participating in the sessions are:

Name of child

Name of child

Name of child

I understand that I will not have access to the information that is discussed in the family therapy sessions, as I will not be a participant. In order for me to have information pertaining to the family therapy sessions, my spouse/ex-spouse will need to sign a release of information before that information is disclosed by Ilyssa Swartout, Psy.D.

Parent

Date