



952 Mt. Benevolence Rd.
Newton, NJ 07860

Phone: (973) 300-5338

Fax: (973) 300-1931

Email:

marklittman1@gmail.com

NJ License #37PC00366400

WWW.MARKLITTMAN.COM



Enjoy the Process!

Individual and group counseling
specializing in:
Depressive Disorders
Anxiety Disorders
Adolescents
Families
Parenting
Bullying
Risk assessment
Couples
Mid-Life Crisis Issues
Home visits
Hypnosis for...Unwanted
habits...Anxiety Reduction...
Phobias...Obsessions..and more

CONSENT TO TREAT A MINOR

I, _____, hereby give permission to Mark Littman, MA, to provide counseling services to _____, a minor child born _____.

I understand that I will be fully informed regarding the type of treatment and any potential risks to the child before any procedure is started. I have the right to consult with Mr. Littman at any time regarding the course of treatment but understand that minors have the same right to privacy as adults and that details of counseling sessions will remain private with the following exceptions:

1. The minor expresses a desire to harm him/herself or others.
2. The minor is engaging in behavior which, in the counselor's opinion, will be dangerous to him/herself or others.
3. The minor discloses physical or sexual abuse by an adult caretaker.

This consent will stay in effect until the termination of treatment or until the parent or legal guardian who has signed this document chooses to revoke it.

Signature of Parent or Legal Guardian _____ Date _____

Signature of non-custodial parent/guardian (if appropriate) _____

Date _____