RICARDO A. MARTINEZ, PSY.D.

LICENSED PSYCHOLOGIST

PSY 17634

200 E. DEL MAR BLVD., SUITE 202

PASADENA, CA 91105

(626) 429-7464

CONSENT FOR TREATMENT OF MINORS

I hereby authorize Ricardo A. Martinez, Psy.D. to provide Behavioral Health Services to my child:

Patient's Name:________________________________

Date of Birth:__________________________________

Such psychological treatment may include counseling services and/or psychological testing.

This authorization is effective (date):______________________

I understand that I have a right to receive a copy of this authorization.

____ _______________

Signature of person(s) legally authorized to consent to treatment Date