Gina Kramer, MFT
Therapy for Children, Adolescents and Adults
1434 Third Street, Suite #3A • Napa, California 94559 • 707-334-4704

AUTHORIZATION TO PROVIDE TREATMENT TO A MINOR

I authorize Gina Kramer, MFT to provide therapeutic services to my child, ____. I understand that I may contact Ms. Kramer, MFT, at anytime to discuss the goals of treatment and better understand how I can be an active participant in the treatment process.

Name:__________________________________ Relationship:_______________

Phone Number: ____

Signature:____ Date:_____________
(Parent or guardian must sign is client is under age 18)

Name:__________________________________ Relationship:_______________

Phone Number: ____

Signature:____ Date:_____________
(Parent or guardian must sign is client is under age 18)