

Rebecca Maxwell, M.A. LMFT  
Jacksonville Counseling Services, LLC  
[jacksonvillecounseling@gmail.com](mailto:jacksonvillecounseling@gmail.com)  
904-735-8730

**Consent to Evaluate, Counsel and Conduct Therapy With a Minor**

I, the undersigned, \_\_\_\_\_ do hereby give my consent and permission for Rebecca Maxwell, M.A. LMFT to evaluate, counsel, and/or conduct therapy with the child or children listed below:

---

---

---

I further grant permission for Rebecca to share information concerning those listed above with the other professionals listed (pediatricians, specialists):

---

---

---

I also understand that strict confidentiality will be maintained with the exception of endangerment of life, welfare, or as otherwise provided by law.

I also certify that I am the parent, guardian, or managing conservator of those listed above and that I am legally empowered to give this consent.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_