



**SUSANNE MOTLEY MFT**  
Lic, no MFT 41310

**1192 Suncastr Lane, Suite 5**  
**El Dorado Hills**  
**CA 95762**

**Phone: (916) 933-4609 Fax: (916) 933-4600**

**Parental Permission Contract**

I/we \_\_\_\_\_ are the parent/ legal guardian of:

Name/s \_\_\_\_\_ DOB/s: \_\_\_\_\_  
\_\_\_\_\_

And give permission for her/him to receive therapy from Susanne Motley MFT.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

I understand that all communication between my child and his/her therapist is both privileged and confidential, unless the child intends to take harmful or dangerous action against her/himself or another individual, or if s/he is threatened with harmful or dangerous action by someone else