

Navid Rafailmehr LMFT

AUTHORIZATION TO TREAT A MINOR

[] I am requesting to authorize Navid Rafailmehr LMFT to provide Mental Health services to the minor named below.

I have legal custody of the minor named below and I am 18 years of age or older.

1. Name of minor:
2. Minor's birth date:
3. My name (adult giving authorization):
4. My home address:
5. My date of birth:
6. My California's driver's license or identification card number:

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date: