Hope Restored
COUNSELING SERVICES LLC

420 West Loveland Avenue
Loveland, OH 45140
Phone: 513-683-HOPE (4673)
Fax: 513-683-4108

TREATMENT OF MINORS AUTHORIZATION FORM

I, _____, authorize that I am the guardian or parent of _____, seeking counseling services by _____, the therapist at Hope Restored Counseling Services, LLC located in Loveland, Ohio.

_____ _____

Parent/Guardian Signature Date

_____ _____ _____ _____

Client Signature Date Therapist Signature Date