ANDREA KEITH, LMFT, CEAP
Psychotherapy and EAP Programs
Quality by Design

Mailing address:
Post Office Box 53454
Irvine, CA 92619
akeithmft@gmail.com

Office address:
3101 Pacific Coast Highway, Suite #407
Newport Beach, CA 92663
www.time4therapy.com
949.650.2442

Office address:
4199 Campus Drive, Suite #275
UNIVERSITY TOWER BUILDING
Irvine, CA 92612

Treating Psychotherapist: Andrea Keith, MFT, CEAP, CAMF
Licensed Marriage and Family Therapist #MFC45708 (LMFT)
Certified Employee Assistance Professional (CEAP)
State-Certified Domestic Violence Victim-Survivor Advocate
Certified Anger Management Facilitator (CAMF)
Probation-Approved Facilitator for Court-Ordered Offender/Batterer Intervention Groups
Certification in Grief, Loss, and Bereavement

PARENTAL OR LEGAL GUARDIAN AUTHORIZATION TO TREAT A MINOR

PATIENT'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

This is to certify that I give permission to Andrea Keith, LMFT, CEAP to treat my child. This treatment may include individual, family, and/or group therapy, and may include psychological testing.

This treatment may require consultations with other professionals, including i.e.; Psychiatrists, Pediatricians, School Counselors, School Psychologists, etc. In this event, an additional signed release of information from the parent or legal guardian will be required.

California State law mandates the reporting of suspected child abuse including physical, sexual, emotional, psychological abuse, and/or in contact with caregiver(s)/adults engaging in domestic violence.

Andrea Keith, LMFT, CEAP, will contact the parent(s) or legal guardian of the child if the child's emotional and/or behavioral condition poses a threat to the child or to others.

Parent 1:

_____ _____
Signature of Parent / :Legal Guardian Date

_____ _____
Printed Name of Parent / Legal Guardian Date

_____
Street Address, City, State, Zip Code

Parent 2:

_____ _____
Signature of Parent / :Legal Guardian Date

_____ _____
Printed Name of Parent / Legal Guardian Date

_____
Street Address, City, State, Zip Code

_____ File copy (1 ea) _____ Client copy (1 ea) Parent 1 _____ Client copy (1 ea) Parent 2