

Nina Unger, RN, LCSW  
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**Release to Provide Treatment to a Minor**

I, \_\_\_\_\_, authorize Nina Unger, RN, LCSW to provide psychotherapy to \_\_\_\_\_, my \_\_\_\_\_ (relationship). I understand that by signing this document, I authorize Nina Unger to see my adolescent without me present. I also understand that I will be asked to meet with Nina Unger and my \_\_\_\_\_ as necessary.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Relation to Minor: \_\_\_\_\_

Relation to Minor: \_\_\_\_\_