

REID Counseling Group PLLC
PERMISSION TO PROVIDE PSYCHOLOGICAL AND/OR
PSYCHIATRIC SERVICES TO A MINOR

By my signature below I verify that I am the parent and/or legal guardian of the minor child, _____, and have the legal authority to seek psychological and psychiatric services for him/her. I hereby grant Daniel Reid Johnson, M.Ed., Licensed Professional Counselor, permission to provide these services for my child. I further understand that according to Texas law both parents have equal access to all medical and mental health records of a minor child, unless specifically prohibited by law. Therefore, all medical and mental health records will be released upon request to a legal parent, guardian, or authorized representative of this minor child.

Signed _____ Date _____