Ildiko Tabori, PhD

Psychologist

CA PSY19688

Informed Assent For Minors
(Child Form)

I, _____, a minor, give my informed assent for psychotherapeutic treatment and/or psychological and/or neuropsychological assessment to Ildiko Tabori, PhD, a licensed psychologist in the State of California.

_____ (Initial)

I understand that my medical/mental health information cannot be disclosed without my written consent and the written consent of my parent/guardian under any circumstances, except in emergency situations wherein I am:

- A danger to myself
- A danger to others
- Disclose child, elder or dependent adult abuse

_____ (Initial)

I understand that I agree to fully participate in treatment and/or assessment. I also understand that I may terminate treatment and/or assessment at any time.

_____ (Initial)

Signature: _____ Date: _____

Name (please print): _____

Name of Parent/Legal Guardian (please print): _____