

Michael DiBiasie, Ph.D.
101 A Wind Haven Drive
Suite 202
Nicholasville, KY 40356

Licensed Psychologist
Adult and Adolescent
Mood, Anxiety, and
Addictions disorders

Release for the Evaluation and Treatment of a Minor

As parent and/or legal guardian of _____,

I authorize: Michael DiBiasie, Ph.D.
 101 A Wind Haven Drive
 Suite 202
 Nicholasville, KY 40356

to evaluate and/or provide psychotherapy services to the above named minor. As this person's parent or legal guardian, I have the right to request information concerning the evaluation and treatment. I also understand that if the treating therapist has reason to believe that any minor child is being physically, sexually, mentally, or emotionally abused or neglected, that a report will be made the appropriate authorities including law enforcement and/or social services.

Mother signature: _____ date: _____
Father signature: _____ date: _____
Witnessed by: _____ date: _____