

Beth Kanne-Casselmann, MEd, LMFT

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santabarbarafamilytherapy.org

Caregiver's Authorization Affidavit

Instructions: Completion of this form and the signing of the affidavit are sufficient to authorize enrollment of a minor in treatment with Beth Kanne-Casselmann, Licensed Marriage & Family Therapist (# MFC41818).

Initials: _____ I am authorizing Beth Kanne-Casselmann to work with the minor named below.

1. Name of the minor:

2. Minor's birth date:

3. My name (adult giving authorization):

4. My home address:

5. My relationship to the minor:

6. My date of birth:

7. My California driver's license or identification card number:

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

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I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date : _____

Signed : _____

Additional Information:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it was executed.

To the Health Care Provider:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide care/treatment, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.