



Philip Harms/Deep Roots Therapy PC is working as an independent contractor with North Cherry Creek Counseling Center located at 2616 W. Alamo Avenue, Littleton, CO 80120  
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**Notarized Confirmation of Parental Consent  
to Mental Health Services**

I, \_\_\_\_\_ am the legal parent/guardian of \_\_\_\_\_.  
I affirm that I have read \_\_\_\_\_'s disclosure statement and have addressed any questions I had regarding the disclosure statement or mental health services provided to my child with \_\_\_\_\_. I affirm that my signature on the disclosure statement is my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF \_\_\_\_\_)

) ss

COUNTY OF \_\_\_\_\_)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, the legal parent/guardian of \_\_\_\_\_.

Witness my hand and official seal.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public