

**North Cherry Creek Counseling Center**  
**1400 S. Colorado Blvd., Suite 410**  
**Denver, CO 80222**  
**Phone: 303-321-1113 Fax: 303-757-7275**  
[www.northcherrycreekcc.org](http://www.northcherrycreekcc.org)

**NOTARIZED CONFIRMATION OF PARENTAL CONSENT  
TO MENTAL HEALTH SERVICES**

I, \_\_\_\_\_ am the legal parent/guardian of  
\_\_\_\_\_.

I affirm that I have read Sarah Heiser, MA, LPC's disclosure statement and have addressed any questions I had regarding the disclosure statement or mental health services provided to my child with Sarah Heiser, MA, LPC. 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