

## Authorization for Online Psychological Services to Adolescents

Adolescent's name and date of birth: \_\_\_\_\_

\_\_\_\_\_

Parent or legal guardian's name / Identity Number / Address: \_\_\_\_\_

\_\_\_\_\_

By signing below, you show that you have read and understood the Psychological Services Contract available at [www.psicologoclinicoonline.com.br](http://www.psicologoclinicoonline.com.br) and agree that the adolescent above starts online consultations with Estevam Colacicco Holpert (CRP 06/65.368).

\_\_\_\_\_

(Parent or legal guardian signature and date)

*Estevam  
Holpert*

..... psicólogo clínico  
CRP 06/65.368