

CONSENT TO TREAT A MINOR



Child's Name: _____ DOB: _____

In the state of Colorado, one biological parent may consent to their child's mental health treatment if the biological parents are married. If the child's biological parents are separated or divorced, both parents usually must consent to their child's mental health treatment. An exception would be if the Court assigned all medical decision-making rights to only one of the parents (this may be different from who has "custody" or with whom the child resides.) Additionally, both biological parents may have the right to review the child's records. Step-parents may not consent to the child's mental health treatment. Please review your custody agreement, and speak to me if you have questions about who will need to consent to treatment. Please check one of the following:

_____ The Child's biological parents are married. (One or both parents may sign) One of the child's biological parents is deceased.

_____ The child's biological parents are not married, or are separated or divorced. (Both biological parents must sign, unless the Court granted all medical decision-making rights to only one of the parents.)

_____ A legal guardian (other than bio-parent) has medical decision-making rights for the child.

_____ Other situation not listed above, please describe: _____

I verify that I am the custodial parent/legal guardian of this child and I give permission to Journey Inward Counseling staff, students, interns, clinic, and the therapist for treatment of my child. I also affirm that as custodial parent/legal guardian I have the legal right to consent to treatment. This treatment may include individual, family, and group psychotherapy, counseling, and testing. This treatment may include consultations with other associates. I agree to hold Journey Inward Counseling harmless from or against any claim for compensation or harm resulting from the activities authorized by this agreement. This consent to treatment form is HIPAA compliant and can be revoked at any time.

Client or Parent/Guardian Signature

Client or Parent/Guardian Signature

Date

Relationship to Child

Date

Relationship to Child