



Behavioral Health Treatment and Procedures for a Minor: General Consent

CONSENT TO TREATMENT OF A MINOR

| | | | |
|--|---|-----------------|---------------|
| Patient Name (Minor's name/info) | | | |
| _____ | <input type="checkbox"/> Male | XXX-XX-__-__-__ | ___/___/___ |
| Patient Printed Name | Gender | SSN Last 4 | Date of Birth |
| Name of Minor's Parents (If known) | | | |
| _____ | _____ | | |
| Father's Printed Name (<input type="checkbox"/> Not known) | Mother's Printed Name (<input type="checkbox"/> Not known) | | |
| Managing Conservator/Guardian (If applicable) | | | |
| _____ | | | |
| Managing Conservator/Guardian Printed Name (<input type="checkbox"/> N/A) | | | |
| Name of Person Giving Consent (Relationship to minor patient must be identified on list that follows) | | | |
| _____ | | | |
| Person Giving Consent Printed Name (★★★ Indicate your relationship to the minor patient below) | | | |

★★★ As the Person Giving Your Consent for Treatment of this Minor Patient, mark your relationship to the patient in one or more categories below, mark all that apply:
 [Note: you may have more than one category to mark; for example, a divorced mom may mark " natural mother" & " parent who is appointed managing or joint managing conservator"]

Parent: Consent to Treatment of a Minor by a Parent

The following may consent to treatment on behalf of a minor:

- natural mother
- natural father
- an un-emancipated minor parent who has actual custody of his/her biological child for medical dental, psychological or surgical treatment for the biological child only
- adoptive mother or father
- parent who is appointed managing or joint managing conservator (even for invasive procedures)
- parent who is appointed possessory conservator (as long as not for invasive procedures)

Non-Parent: Consent to Treatment of a Minor by a Non-Parent

If none of the above can be contacted and there is no actual notice to the contrary, the following persons may consent to medical, dental, psychological or surgical treatment of a minor:

- grandparent, adult brother or sister, or adult aunt or uncle of the minor.
- adult who has actual care, control, and possession of the minor and has written authorization to consent from a person having the right to consent.
- adult responsible for the actual care, control, and possession of a minor under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the State or County.

Clinic Office:

- court having jurisdiction over a suit affecting the parent-child relationship of which the minor is the subject.
- educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent.
- peace officer in lawful custody of a minor if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment.
- Texas Youth Commission (TYC) facility in which the minor is committed when the person having the right to consent has been contacted and that person has not given actual notice to the contrary.

Patient/Self: A minor may consent to his/her own treatment if:

- if on active duty with the armed forces;
- if 16 years of age or older, resides separately and apart from their parents and manages their financial affairs regardless the source of support and with or without parental consent;
- when consenting to the diagnosis and treatment of an infectious, contagious or communicable disease that is required to be reported;
- if unmarried and pregnant, and consents to treatment related to her pregnancy other than abortion;
- consents to examination and treatment for drug and chemical addiction or dependency; or
- consents to counseling by a physician, psychologist, counselor or social worker for sexual, physical or emotional abuse, suicide prevention or chemical addiction or dependency

[Note: please attach a copy of any relevant court orders/papers if the minor patient is under the legal conservatorship/management by an agency such as CPS, Juvenile Authorities, etc. Specify court/county/state: _____]

Consenter Signature Section

Proposed Procedure(s):

I understand that the procedure(s) proposed for evaluating and treating the minor's condition is/are: participation in a clinical interview and structured diagnostic assessment to further define the need or problems to be addressed, and potentially participation in one or more of the following activities: individual and/or family counseling sessions aimed at reducing symptoms, improving coping skills, and self management skills; activities designed to assist the minor in improved functioning in school/social/family roles; supportive case management if applicable; peer support; treatment/case management planning sessions; career counseling; achieving self sufficiency, employment and/or independent living; other activities/procedures as appropriate.

Relationship to Minor Patient:

I have marked the list above in categories that identify my relationship to the minor patient.

Notice of Behavioral Health Treatment and Procedures for a Minor: General Consent:

I have been given a copy of the "Notice of Behavioral Health Treatment and Procedures for a Minor: General Consent" for my information.

Consenter Signature

X X X - X X - ____ ____ ____
Consenter SSN Last 4

____/____/____
Date

Staff Review & Signature Section

Form Review Date: (pay special attention to relationship to minor categories)

____/____/____

Staff Signature _____