



... dedicated to helping the people we serve have a better life
HEALTHCARE TECHNOLOGIES, LLC

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

A minor may be able to consent to behavioral health treatment themselves under certain circumstances. Your counselor will explain those circumstances if applicable. Otherwise, this form is aimed at informing a parent or other authorized adult regarding the procedures, risks and benefits of treatment to be provided to the minor patient. The counselor will explain the nature and consequences of a decision regarding behavioral health treatment and the ability to reach an informed decision in the matter. The minor patient either has or will participate in an initial interview, screening and/or assessment for social, emotional and psychological conditions and the findings can be discussed with the minor's counselor, the minor and parent/authorized representative. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant information given to you. It is intended to make you/the authorized representative better informed so that you may give or withhold your consent to the proposed procedure(s).

Condition: The minor patient's counselor has explained to me that the minor appears to have condition(s) symptomatic of a mental disorder.

- 1. 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, supportive case management, peer support, treatment/case management planning sessions, career counseling, activities designed to assist the minor in improved functioning in school/social/family roles, achieving self sufficiency, employment and/or independent living.
- 2. Risks/Benefits of Proposed Procedure(s):**
 - Some of the potential benefits of the treatment and procedures proposed are: Improved mood, improved ability to function in important social relationships, improved ability to function in important social relationships, improved ability to function in educational settings, ability to achieve self sufficiency and stable housing, improved ability to cope with stress, reduced emotional distress, improved access to supports and services.
 - Just as there may be benefits to the proposed treatment and procedures, I also understand the recommended treatment and procedures involve risks. These risks include recalling or re-experiencing unpleasant memories and feelings, the possibility of increased stress related to participating in counseling, the possibility that the minor's need for treatment may be more long-term than the program can provide, the minor could be involved in an auto accident or other accident if the minor was being provided transportation assistance from program staff, the confidentiality of the minor's circumstances or treatment could be inadvertently revealed.
- 3. Complications; Unforeseen Conditions; Results:** I am aware that in the practice of counseling with supportive case management, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed treatment and procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.
- 4. Acknowledgments:** The available alternatives, some of which include psychiatric treatment with medication, peer-support or other non-professional assistance; assistance in a faith based support program may provide some of the same benefits. The benefits of these alternatives in a less structured approach to treatment and the potential for longer term involvement. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.
- 5. Consent to Procedure(s) and Treatment:** Having read this notice and had the opportunity for questions to be answered by the treatment provider, I agree to complete the additional required form; "CONSENT TO TREATMENT OF A MINOR". I understand that I have been provided this notice for my own information.

Clinic Office:

Resource Connection ~ 2300 Circle Drive, Suite 2307 ~ Fort Worth, TX 76119
Phone: (817) 349-8787 ~ Fax: 817 231-0650
www.guinntech.com

6. Information About who can Consent to Treatment of a Minor:

Applicability - When Consent to Treatment of a Minor is Required

This Consent to Treatment of a Minor form must be completed when providing treatment for any patient who meets **all** of the following criteria:

- is under 18 years of age, and
- is not married and has not been married, and
- has not had the disabilities of minority removed by the court

Who Must Consent to Treatment of a Minor

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.

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 unemancipated 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/joint managing conservator (even for invasive procedures)
- parent who is appointed possessory conservator (as long as not for invasive procedures)

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.
- 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.

Provider Contact Information

Guinn Healthcare Technologies, LLC
2300 Circle Dr, Suite 2307
Fort Worth, TX 76119

Office: 817 349-8787

Fax: 817 231-0650

www.quinntech.com