

Today's Date: _____

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Legal Guardian Information for Minor Clients

Client's Name: _____

Parent/legal guardian: _____ Relationship: _____

Parent/LG Address: _____

Home #: _____ Cell #: _____ Work #: _____

Child's DOB: _____ Child's age: _____

Guardian signature: _____

For minor clients under 12: (Please Initial: _____) I acknowledge that my child is a minor (under 12). According to Colorado mental health law, I retain the right to consent to treatment for my child. I can also decide not to continue with treatment for my child at any time. My child does not retain that right until he/she reaches 12. However, I acknowledge that I am open to what is deemed best for my child's emotional well-being. Until my child turns 18, I have the right to review my child's records or ask questions about treatment with my child's mental health provider. However, I acknowledge that if I attempt to review written records or verbally consult with the mental health provider, any unnecessary involvement in treatment may jeopardize my child's willingness to be open and honest in session. Therefore, while I know I can review records and ask how treatment is going, I will do my best to rely on the professional opinion of the mental health provider to keep me informed as necessary. I also have reviewed and signed the Therapist-Patient Agreement and HIPAA document on my child's behalf.

For clients between ages 12 - 18: (Please Initial: _____) I acknowledge that my child has different rights to treatment than someone under 12, according to Colorado mental health law but is still considered a minor re: abuse. My child has the right to consent to treatment and he/she can also decide not to continue with treatment at any time, even if I would like it to continue. Until my child turns 18, I still have the right to review my child's records or ask questions about treatment with my child's mental health provider. However, I acknowledge that if I attempt to review written records or verbally consult with the mental health provider, any unnecessary involvement in treatment may jeopardize my child's willingness to be open and honest in session. Therefore, while I know I can review records and ask how treatment is going,

I will do my best to rely on the professional opinion of the mental health provider to keep me informed as necessary. I also have reviewed the Therapist-Patient Agreement and HIPAA document but my child has signed both.

For minors of divorced parents or guardians: Please provide court documentation re: parenting and custody and initial those that apply.

_____ I legally have full custody and make all mental health decisions for my child.

_____ I share custody but I am in charge of all mental health decisions for my child.

_____ I have partial or joint custody and share mental health decisions for my child. In that case, my child's other parent/guardian MUST sign this document as well for my child to receive services.

_____ I have reviewed the Therapist-Patient Agreement and HIPAA document provided by Dorothy R. Sanchez, LPC.

NOTICE TO MINORS & PARENTS:

Pursuant to Colorado law, youth 12 and older may consent to their own treatment without the consent of their parents. Clients under 12 require parental consent for treatment. Parents should be aware that the law allows for them to examine their child's Clinical Records, unless a professional person decides that such access is likely to injure the child. Children of divorced parents, under the age of 12, where both parents have joint custody, will need the consent of both parties before treatment can begin.