

(PBH) Minor Consent for Treatment

Psychological Behavioral Health Inc.

As the parent or legal guardian with the authority to consent on behalf of the minor named above, I hereby give my consent for the minor to participate in counseling, psychotherapy, testing, and/or medication services as deemed advisable and/or necessary to Psychological Behavioral Health Inc. and clinician rendering services.

I hereby declare that I have the full legal authority to consent to treatment. There is no standing court order that would require any other party to also provide consent for treatment.

As the parent or guardian, you may be legally entitled to some information about treatment. I will discuss with everyone what information is appropriate for the minor to receive and which issues are more appropriately kept confidential.