

Crosspointe Family Services

Consent to Treatment for Minors

Patient Name: _____

D.O.B. _____

In accordance with Idaho Law (Idaho Code 32-1015), HIPAA, Idaho Bureau of Occupational Licenses and other entities, Crosspointe Family Services (CFS) is required to obtain consent to treat minor children ONLY from those individuals who are authorized to give consent legally. Additionally, CFS is required to make notification to the other parent that their biological child(ren) is/are seeking and receiving mental health services at CFS. The parent filling out our intake paperwork is required to add other parent / guardian as contact.

Families with Parents who are Separated, Divorced, or Engaged in Litigation:

If the child's legal guardians are separated, divorced, or no longer together, both must sign a consent form prior to their child's first appointment. In the event a custodial parent has sole decision-making power or if the child resides with a non-biological parent, a signed court document (e.g., parenting plan, custody plan) that articulates this arrangement needs to be presented at our office before the child's first appointment.

Unless otherwise stated in court documents both parents have a right to schedule appointments for their child. We will not call the other parent and inform them of appointments made, nor will we call them to advise them of what happened during those appointments. That communication is left up to the parents. If you have questions regarding your child's care, we ask that you please call and schedule an appointment with your child's provider.

Although our responsibility to your child may require our involvement in conflicts between both parents, we need your agreement that our involvement will be strictly limited to that which will benefit your child. This means, among other things, that the therapist will treat anything that is said in session with us as confidential.

It is also inappropriate and often harmful to children for their provider to be asked to write a letter to the court, testify, or otherwise be compelled to disclose confidential information. It is our policy that our providers do not voluntarily participate in court proceedings.

1. I, the undersigned, hereby give consent for my minor child(ren) (patient name(s) above) to receive mental health services from Crosspointe Family Services.
2. I understand that I will provide an entire copy of Divorce Decree, Custody Agreement, Adoption, Foster Care and or Guardianship documents at time of application and prior to starting services.
3. I understand that I am required to provide any known contact information for the OTHER BIOLOGICAL PARENT in order for notification to that parent.

4. **Exception:** In situations where there is abuse or danger posed by the parent that has not brought the child in for treatment, Idaho law provides discretion to the provider to determine that, due to neglect or abuse, it should protect the confidentiality of the minor's information from the other parent.

I/we certify that I am Birth Parent, Adoptive Parent, Legal Guardian, Divorced Parent who has legal Custody, or Representative of Idaho H&W for Foster Care patient. I acknowledge that I have read, understand, signed, and received a copy (if desired) of the "***Consent to Treat for Minors***".

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Authorized Individual Printed Name	Signature	Date