



Barnabas Behavioral Healthcare, LLC
Parent/Guardian Consent to Treat

Consent to Treat a Minor & Consent to Treat a Minor without a Parent or Legal Guardian Present

Patient Name: _____ Date of Birth: _____

This consent allows a minor to be seen by a provider with Barnabas Behavioral Healthcare, LLC when a Parent or Legal guardian is unable to go with them to a visit. The Parent or Legal guardian must fill out and sign this consent form. If this consent form is not initialed and signed, treatment may not be given to the minor. The provider has the right to cancel or reschedule the appointment until the Parent or Legal guardian is with the minor if it is in the best interest of the minor patient or is required by law. In most cases, informed consent must be given from the minor's parent or legal guardian.

- Under South Carolina law, any minor who has reached the age of 16 years may consent to any nonsurgical treatment.
- A separate and valid (legal) permission form is needed to get medical records which belong to a minor. It is called an Authorization for Release of Health Information (ROI) form and can be provided by the practice or found at www.barnabashealthcare.com. This form is required by law and must be completed to get copies of the medical record.

For new patients: All patients under 18 years of age must have a Parent or Legal guardian with them for their first visit (physical and/or telehealth). If not, they will be asked to reschedule the appointment and applicable fees will assessed and invoiced.

Please initial below. **This is a required permission. Signature on Following Page**

_____ I give Barnabas Behavioral Healthcare, LLC permission to treat my child.

This treatment may include, but is not limited to:

Psychological Testing
Counseling
Patient Education
Psychiatric Treatment/Examination
Medication Management
Biofeedback

