

Andrea Johnson, M.A., LPC, PLLC

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Parent/Guardian Authorization for Treatment of a Minor

In order to provide mental health treatment to a minor child, you must have either sole/joint custody or legal guardianship of the minor. A step-parent cannot be considered a legal parent/guardian unless you can provide legal documentation stating otherwise. This form is to be signed by the legal guardians/biological parents of the minor child. A minor is considered to be anyone from infancy to 17 years old. If you are divorced or separated and there is a conflict in agreeing to treatment, *a divorce decree or legal documentation will be required to establish who has primary custody and the right to authorize treatment for the minor.* It is the policy of Andrea Johnson, LPC, PLLC that if both legal parents have equal rights and both parents cannot agree to treatment, unfortunately, the minor cannot be seen until both parents are in agreement or legal documentation can be presented stating otherwise. If one guardian is not able to sign this authorization, you must provide legal documentation as to why. Any special circumstances/situations can be discussed further with the therapist. Andrea Johnson, LPC, PLLC will then discuss with you if treatment will be approved or denied for the minor child. All legal guardians have the right to know about and/or speak with the therapist regarding their child's treatment.

If anything changes with the custody of or decision-making rights to the minor being treated after this authorization has been signed it is your responsibility to inform the therapist immediately.

Child/Adolescent Name: _____

Date of Birth: _____

Please check the appropriate box below:

- ☐ The minor child's parents are legally married and we both agree to treatment (Please sign below)
- ☐ The minor child's parents are divorced or separated, but we both agree to treatment (Please sign below)
- ☐ The minor child's parents are divorced or separated and we disagree about treatment (Legal documentation is required)
- ☐ The Minor child's _____ is not available to consent for treatment (Legal documentation may be required)
- (type of guardian: mother, father, etc.)

Both Legal Guardians Consent to Treatment

Legal Guardian 1:

I _____ the _____ of _____,
(parent/legal guardian name) (relationship to minor) (minor child name)

hereby authorize my child to receive mental health treatment from Andrea Johnson, LPC, PLLC and I understand/agree to follow the terms mentioned above.

I affirm that I have the authority to make health care decisions for my child and I am aware that all custodial parents/legal guardians must give consent for treatment.

I hereby swear and affirm under any applicable perjury laws that there is no legal agreement that restricts me from making any or all decisions in regards to the above-mentioned child's mental health treatment.

I understand that any breach of this agreement may result in the termination of treatment between Andrea Johnson, LPC, PLLC and my minor child.

Signature of Legal Guardian 2: _____ Date: _____

Email Address: _____ Phone Number: _____

Legal Guardian 2:

I _____ the _____ of _____,
(parent/legal guardian name) (relationship to minor) (minor child name)
hereby authorize my child to receive mental health treatment from Andrea Johnson, LPC, PLLC and I understand/agree to follow the terms mentioned above.

I affirm that I have the authority to make health care decisions for my child and I am aware that all custodial parents/legal guardians must give consent for treatment.

I hereby swear and affirm under any applicable perjury laws that there is no legal agreement that restricts me from making any or all decisions in regards to the above-mentioned child's mental health treatment.

I understand that any breach of this agreement may result in the termination of treatment between Andrea Johnson, LPC, PLLC and my minor child.

Signature of Legal Guardian 2: _____ Date: _____

Email Address: _____ Phone Number: _____

Singular Parent Agreement to Treatment

If for any reason *only one* guardian is able to consent to treatment, please indicate why and sign below. In most circumstances, if only one parent can consent to treatment, legal documentation must be provided before treatment can continue with the minor child.

Reason: _____

Legal Guardian:

I _____ the _____ of _____,
(parent/legal guardian name) (relationship to minor) (minor child name)
hereby authorize my child to receive mental health treatment from Andrea Johnson, LPC, PLLC and I understand/agree to follow the terms mentioned above.

I affirm that I have complete authority to make health care decisions for my child and I am aware that all custodial parents/legal guardians must give consent for treatment.

I hereby swear and affirm under any applicable perjury laws that there is no legal agreement that restricts me from making any or all decisions in regards to the above-mentioned child's mental health treatment.

I acknowledge and agree that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreement, etc... and I acknowledge that Andrea Johnson, LPC, PLLC is only requesting all legal documentation for the benefit of my child and therefore release any liability to Andrea Johnson, LPC, PLLC resulting from a dispute to this authorization.

I understand that any breach of this agreement may result in the termination of treatment between Andrea Johnson, LPC, PLLC and my minor child.

☐ I have provided Andrea Johnson, LPC, PLLC with a certified or legal copy of any documentation indicating I have full authority to make any and all decisions in regards to my child's mental health treatment and there is not another guardian legally authorized to be notified of the minor's treatment.

Signature of Legal Guardian 2: _____ Date: _____

Email Address: _____ Phone Number: _____

Both guardians are not required to sign the entire intake packet, if you would like to review any paperwork given for treatment, please visit my website at: andreajohnsonlpc.com. If further questions arise, they can be addressed by email or during the next scheduled appointment.