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DUI Services  Mental Health  Addiction Recovery  Evaluations

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AUTHORIZATION for CONSENT TO TREATMENT OF A MINOR

Minor Client Name: _____ **DOB:** _____ **Age:** _____

I, _____, the Authorized Representative / Caretaker / Guardian / Parent of the minor Client named: _____ verify I have been provided a copy of the Georgia law regarding age of consent for mental health treatment and am being asked to sign this document. In signing this document, I do affirm that I am legally authorized and do hereby consent to all medically necessary mental health care of this minor. I understand I am consenting to services which many include various evaluations and treatment modalities not yet disclosed. I affirm my agreement with all services being rendered by Stephanie Higdon LCSW, CAADC, Licensed Clinical Social Worker and Certified Advanced Alcohol & Drug Counselor.

Furthermore, it is understood that this authorization is being given in advance of a specific diagnosis or treatment recommendation being made. My signature on this document reflects my consent to any and all such diagnoses, treatment, or hospital care which the forementioned clinician, acting in the exercise of her best judgment, may deem advisable or necessary. I have been advised that I may revoke this authorization at any time, in writing. However, I further understand that my revocation will lead to a termination of treatment and may present a risk to the minor child. As deemed necessary, I understand that my revocation of this consent gives practical consent for the clinician to make a referral to an alternate provider for ongoing services.

This consent is effective from: _____ to _____ (not to exceed 12 months)

Minor Client Signature (when possible)

Date

Minor Client's Caretaker/ Guardian/ Parent

Date

Therapist/ Clinician Signature

Date

This Consent was revoked on: _____ By: _____
Date Client's Parent / Caretaker/ Guardian

GEORGIA LAW REGARDING AGE OF CONSENT FOR MENTAL HEALTH TREATMENT:

(Provided to Parents of all Minor Clients at time of intake when consent to treat is signed.)

Georgia law provides that the age of minority is 18 years, and every person under 18 is a minor, according to O.C.G.A. Section 19-7-2. According to this Statute, minors are not competent to consent to treatment by a mental health professional, and that parents must consent to treatment for their minor children who are under the age of 18.

There are, however, several basic exceptions to this general rule. **Those exceptions are as follows:**

1. Minor parents: minors who are parents may consent to treatment for their children;
2. Drug abuse: minors may consent to treatment for drug abuse;
3. Emancipated minors: An emancipated minor is one who is living independently and supporting him/herself, and living independent of a parent;
4. Reproductive issues: Under Georgia law, any female may give consent for treatment, regardless of her age, for treatment related to pregnancy, birth control, or child birth;
5. Venereal disease: A minor in the State of Georgia who has contracted an STD may give consent to treatment for the condition, regardless of age.

When parents' consent to mental health treatment for their minor children, parents should agree to allow the therapist to create a safe place for counseling, where parents understand they will not be able to be present or participate. In regard to the need for privacy between a therapist and a minor client, parents and the child understand that parents will only be provided limited information about counseling sessions.

The information provided will be only explicitly as needed and this information must be of a critical nature as well as be in the child's best interest. Parents will however be informed by the therapist of need for referrals for additional services. The therapist will also advise the parents regarding any situations which they need to know about to keep child safe and protect overall wellbeing. In addition, the therapist will also inform parents regarding what they can do to assist their child.