
MINOR CONSENT

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Parent-Guardian Authorization For Minor's Mental Health Treatment

This document contains important information about mental health treatment for minors, and corresponding policies at Paradigm Psychiatry. Please read the information below to understand your rights, responsibilities, and commitments thoroughly.

Patient Name: *

Patient DOB: *

Custody

Patient is a minor whose MARRIED PARENTS HAVE JOINT CUSTODY in matters of medical treatment. EITHER PARENT may sign this consent. It is the accompanying parent's responsibility to communicate treatment changes, decisions for care, and medication changes with non-attending parent. *

Yes No

Patient is a minor whose DIVORCED/SEPARATED PARENTS HAVE JOINT CUSTODY in matters of medical treatment. BOTH PARENTS must sign this consent. It is the accompanying parent's responsibility to communicate treatment changes, decisions for care, and medication changes with non-attending parent. Without exception, MUST provide copy of most current court custody order 24-hours prior to appt. *

Yes No

Patient is a minor whose DIVORCED/SEPARATED PARENTS HAVE SOLE CUSTODY in matters of medical treatment AND the non-accompanying parent has NO LEGAL authority in medical decision-making for minor. SOLE CUSTODIAL PARENT must sign this consent. Without exception, MUST provide copy of most current court custody order 24-hours prior to appt. *

Yes No

Patient is a minor whose LEGAL GUARDIAN(S) HAS SOLE CUSTODY in matters of medical treatment. SOLE CUSTODIAL GUARDIAN must sign this consent. Without exception, MUST provide copy of most current court custody order 24-hours prior to appt. *

Yes No

Consent

I voluntarily give permission to Paradigm Psychiatry to evaluate, develop a treatment plan (which may include prescription medication, therapy and or referrals for other medical services) and maintain documentation in accordance with legal and ethical requirements.

I understand that at least one parent/guardian must accompany the minor child to their first appointment and all follow-up appointments until the minor reaches 18 years of age.

I understand that Paradigm Psychiatry does not give recommendations nor do evaluations for child custody or parenting. The role of the provider is not to testify in court concerning opinions on issues involved in litigation. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on dispute issues concerning parental responsibilities and parenting/guardianship plans. Paradigm Psychiatry will not get involved with parental disagreements. If this becomes an issue affecting the therapeutic relationship, my child's provider may terminate care.

My signature below indicates that I have read and understand these items and that I legally and voluntarily consent to my minor child receiving mental health treatment at Paradigm Psychiatry. I understand that if I am not present during an appointment, I will communicate with the other parent/guardian responsible to receive updates or changes in treatment plan.

Mother Printed Name: _____

Mother Signature:

Mother Phone Number and Email:

Father Printed Name:

Father Signature:

Father Phone Number and Email:

Legal Guardian Printed Name:

Legal Guardian Signature:

Legal Guardian Phone Number and Email: