



CONSENT FOR TREATMENT OF A MINOR

I, _____, consent and agree,
(Please Print Parent Or Guardian Name)

that _____ may receive services from **Jewish Family**
(Please Print Minor Client Name)

Service of the Desert (JFS), these services may include, but are not limited to, diagnostic assessments, individual, group, and/ or family therapy and consultations and referrals to other behavioral health professionals.

(Please Intial Below)

_____ I understand that by consenting to treatment, personal health information may be exchanged in a limited way for treatment, payment and healthcare operations purposes, only.

_____ I understand that I have the right to terminate treatment at any time. I also understand that I have the right to refuse to implement any recommendations, psychological interventions, or any treatment procedures.

_____ I understand that the minor client is expected to benefit from treatment, but there is no implied or expressed guarantee that he/she will.

_____ I understand that if I am giving consent for a minor to receive treatment and legal custody of the child is shared with another parent, an additional consent form will need to be signed by that parent as well before treatment can commence.

_____ I understand that JFS is an outpatient clinic and uses an after-hours answering service when the office is closed at night, holidays and weekends. I understand that in the event of a psychiatric emergency, I will be directed by the answering service to call 911.

Because psychotherapy with a minor most often involves participation of parents, JFS requests that both parents sign this Consent for Treatment of a Minor form unless other legal custody or guardianship arrangements are in place for the minor. If other such arrangements are in place, JFS will request legal paperwork re; these arrangements for the minor.

1st Parent/Guardian Signature

____/____/____
Date

2nd Parent/Guardian Signature

____/____/____
Date