



LIGHTHOUSE PSYCHIATRY

CONSENT FOR TREATMENT OF MINOR

GENERAL CONSENT FOR TREATMENT OF PATIENT WHO IS A MINOR, AGE OF 17 YEARS AND YOUNGER, AND UNDER CARE OF AN ADULT PARENT/GUARDIAN.

PLEASE SELECTION ONE OPTION BELOW (Put an "X" to the option that applies to you):

	<p>Patient is a minor whose MARRIED PARENTS HAVE <u>JOINT CUSTODY</u> in matters of medical treatment.</p> <ul style="list-style-type: none"> • <u>EITHER PARENTS</u> 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.
	<p>Patient is a minor whose DIVORCED/SEPARATED PARENTS HAVE <u>JOINT CUSTODY</u> in matters of medical treatment.</p> <ul style="list-style-type: none"> • <u>BOTH PARENTS</u> 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. • <u>Without exception, MUST</u> provide copy of most current court custody order 24-hours prior to appt.
	<p>Patient is a minor whose DIVORCED/SEPARATED PARENTS HAVE <u>SOLE CUSTODY</u> in matters of medical treatment AND the non-accompanying parent has <u>NO LEGAL</u> authority in medical decision-making for minor.</p> <ul style="list-style-type: none"> • <u>SOLE CUSTODIAL PARENT</u> must sign this consent. • <u>Without exception, MUST</u> provide copy of most current court custody order 24-hours prior to appt.
	<p>Patient is a minor whose <u>LEGAL GUARDIAN(S) HAS <u>SOLE CUSTODY</u></u> in matters of medical treatment.</p> <ul style="list-style-type: none"> • <u>SOLE CUSTODIAL GUARDIAN</u> must sign this consent. • <u>Without exception, MUST</u> provide copy of most current court custody order 24-hours prior to appt.

By signing this document, ALL PARTIES have read, understand, and agree to the stipulation above. ALL PARTIES agree that photocopies of this document are as legally binding as the original.

PATIENT Name

Date

MOTHER Name

MOTHER Signature

Date

FATHER Name

FATHER Signature

Date

GUARDIAN Name

GUARDIAN Signature

Date