

PARENTAL CONSENT FOR MENTAL HEALTH TREATMENT OF A MINOR

The minor named below lives in my home and I am 18 years of age or older. As the parent or legal guardian with the authority to consent on behalf of the minor named above, I hereby give my consent for the minor to seek psychotherapy as deemed advisable and/or necessary by Dr. Renee Alpert PhD.

1. Name of minor: _____ .
2. Minor's birth date: _____ .
3. My name (adult giving authorization): _____ .
4. My home address:

5. () I am a grandparent, aunt, uncle, or other qualified relative of the minor (see below for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
() I have advised the parent (s) or other person (s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
() I am unable to contact the parent (s) or other person (s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California's drivers license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the Caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is valid until the minor turns 18.

Additional Information:

To Caregivers:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions please contact your local Department of Social Services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

(Note: California law gives health care providers the right to refuse access to records anytime the health care provider determines that access to the patient records requested by the [parent/guardian] would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being. The decision of the health care provider as to whether or not a minor's records are available for inspection under this section shall not attach any liability to the provider, unless the decision is found to be in bad faith. (Cal. Health & Safety Code §123115(a)(2))