

Consent to treatment by minor

If you are under the age of 18, Texas state law requires that we obtain permission from your parent or managing conservator/guardian in order to offer you counseling services/psychiatric treatment, unless any of the following circumstances apply (please check all that apply).

According to Family Code 32.004, consent for counseling can occur when:

- I am thinking about suicide.
- I have concerns about alcohol and/or drug addiction or dependency.
- I have been sexually, physically, or emotionally abused.

If you checked one of the 3 above items, we can offer you counseling without parental/guardian consent.

If none of the above situations apply and you are a minor between 16-18 years of age according to the Health and Safety Code 572.001(a), consent for outpatient mental health services can occur when you request outpatient mental health services from the administrator of the facility:

- In accordance with Health and Safety Code 572.001(a), I hereby voluntarily request outpatient mental health services from the administrator of this facility.

If you checked the above item, we can offer you counseling and psychiatric treatment without parental/guardian consent once this application is approved by an appropriate administrator.

If the above statements does not apply to you, then we will need parental/guardian consent before your services begins. Please obtain written permission from your parent or managing conservator/guardian for counseling services before an appointment is scheduled.

If your parent signs the consent form, under Texas law, parents/guardian may still have access to your counseling/psychiatric record and/or could talk with your counselor/psychiatrist whether parental consent is necessary or not. A counselor/psychiatrist may contact a parent/guardian without consent, if deemed necessary.

By signing this Consent Form, I am acknowledging that:

1. I have read this form and understand its contents, including the limits of confidentiality stated above.
2. The information I have provided is accurate.
3. I request mental health services from Integral Care.

Print client name

Client signature

Administrator signature (if applicable)