



Phone: (952) 431-5330
Fax: (952) 431- 5334
3555 Willow Lake Blvd., Suite 290
Vadnais Heights, MN 55110

Consent for Treatment of a Minor

Minor Patient Name (Last, First, Middle): _____	Date of Birth: _____
Address: _____ _____	State of Service: ☐ Minnesota ☐ Wisconsin ☐ South Dakota
Parent/Guardian #1 Name: _____	Relationship to Minor: _____
Parent/Guardian #2 Name (if applicable): _____	Relationship to Minor: _____

DESCRIPTION OF SERVICES

I/We understand that The Remedy Mental Health may provide the following services to the minor named above, if determined to be medically necessary and appropriate:

- Individual, group, and/or family therapy and counseling sessions
- Mental health and/or substance use disorder assessments and diagnostic evaluations
- Development and implementation of individualized treatment plans
- Coordination of care with other providers, schools, or community agencies as authorized
- Psychiatric evaluation and medication management (Medication management may include recommendations for psychotropic medication only when clinically appropriate and only after obtaining any additional consent required by applicable state law.)

CONFIDENTIALITY

The Remedy Mental Health takes confidentiality seriously. Please read the following carefully:

1. General Confidentiality of Health Records

Please refer to The Remedy Mental Health's Notice of Privacy Practices for a detailed explanation of how health information is used, disclosed, and protected, and exceptions that allow disclosures without patient consent in certain circumstances. By signing below, you

acknowledge that you have received or been offered a copy of The Remedy Mental Health's Notice of Privacy Practices.

2. Substance Use Disorder Records

If any part of this minor's care involves substance use disorder diagnosis, treatment, or counseling, those records receive additional federal protection under 42 CFR Part 2. These records may NOT be disclosed to any person except as permitted by federal law in the case of a medical emergency, mandatory child abuse or neglect reporting, or a valid court order. Both minor and parent consent may be necessary for some disclosures. If applicable state law allows a minor to independently consent to treatment, disclosure of information to parents may require consent from the patient.

3. Mandatory Reporting

Our providers are mandated reporters. We are required by law to report reasonable suspicion of child abuse or neglect to child protective services in Minnesota, Wisconsin, or South Dakota. This duty exists regardless of who consented to treatment.

4. Risk of Harm

If the minor discloses an intent to harm themselves or someone else, providers may take steps necessary to protect safety, which may include contacting parents, guardians, emergency services, or potential victims.

PARENTAL ACCESS TO RECORDS

Minnesota and Wisconsin: Parents and guardians who provide consent to a minor's treatment are entitled to access to medical records regarding such treatment. However, if a minor has independently consented to services as allowed by state law, parents/guardians are generally not entitled to access medical records except with patient permission.

South Dakota: In general, both parents will have equal access to records and information pertaining to a minor child, unless otherwise restricted by court order.

REVOCAION OF CONSENT

If parent/guardian consent for treatment is required, you may revoke your consent at any time by providing written notice to The Remedy Mental Health. Revocation of consent is effective prospectively only and does not affect any services already provided or disclosures already made in reliance on this consent. Revocation may not apply to the extent that The Remedy Mental Health has already relied on this consent in providing services.

Please note: Even after revocation of consent, The Remedy Mental Health may be required by law to continue providing emergency or crisis services and to make legally mandated disclosures (e.g., mandatory reporting obligations, imminent safety concerns).



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STATE SPECIFIC CONSENT REQUIREMENTS

Minnesota: A minor who is age 16 or older may independently consent to nonresidential mental health services. Any minor may independently consent to services to determine the presence of or treat alcohol or other drug abuse.

Wisconsin: For outpatient mental health treatment, minors younger than 14 generally require parent/guardian written informed consent. For minors age 14 or older, written informed consent of both the minor and the parent/guardian generally is required unless emergency treatment or review procedures apply.

South Dakota: For mental health treatment of a minor, parent/guardian consent generally is required. For a minor age 16 or older, psychotropic medication and other treatment generally require the minor's consent and the consent of the parent, legal guardian, or custodian unless an exception applies.

ACKNOWLEDGMENT AND SIGNATURES

By signing below, I confirm that I have read and understand this form, that I have had an opportunity to ask questions, and that I voluntarily consent to mental health treatment for the above-named minor.

Parent/Guardian #1

Signature: _____ Date: _____

Printed Name: _____

Relationship to Minor: _____

Parent/Guardian #2 (if applicable)

Signature: _____ Date: _____

Printed Name: _____

Minor Consent (Recommended if clinically appropriate, see above for requirements)

By signing below, I confirm that I have read and understand this form, that I have had an opportunity to ask questions, and that I voluntarily consent to mental health treatment.

Minor's Signature: _____ Date: _____

Minor's Printed Name: _____ Age: _____