

Arkansas Psychiatric Clinic

Consent for Treatment

A child aged 17 years and under must have the consent of his/her parent, custodial parent, or legal guardian to receive psychiatric services including psychotherapy, evaluation, or other treatment. In case of divorce only the custodial parent can give consent.

So that we can comply with the law, please check ONE of the following:

- I am the parent of the below named minor child. There has been no divorce, or legal separation proceedings between the child's other parent and myself.
- I am the custodial parent of the below named minor child as designated in divorce proceedings. I understand that I must furnish a notarized copy of the divorce decree section stating that I agree to provide this office with a notarized copy of any changes in custodial status of the child.
- I am the (custodial) parent of the below named minor child. My spouse and I have a legal separation.
- I have joint custody with my ex-spouse of my child.
- I am the below named child's legal guardian. I understand that I must furnish a notarized copy of the guardianship papers.
- I am the sole legal parent of the below named minor child.

I agree to inform the office if there are any changes in my child's custodial status for any reason. I hereby give my permission for Arkansas Psychiatric Clinic, P.A. to provide psychiatric services for:

Name of Minor Child

Date

RELEASE OF INFORMATION

As a parent, legal guardian, or custodial parent, I authorize release of information on my child to:

Name

Relationship to Patient

Name

Relationship to Patient

Parent, Legal Guardian, or Custodial Parent

Date

Acknowledgement Form for Notice of Privacy Practices and Financial Policies

I was offered a copy of the Arkansas Psychiatric Clinic Notice of Privacy Practices and Financial Policies; I understand that the notice is available to me at the front desk anytime that I request to have a copy for myself.

Patient or Guardian Signature

Date