



** Tel: (720) 347-8559 ** www.CenterForValuedLiving.com ** Fax: (720) 207-6885 **

Legal Guardian Information for Minor Patients

Child Client's Name: _____
Parent/legal guardian: _____ Relationship: _____
Parent/LG Address: _____
Home: _____ Cell: _____ Work: _____
Today's date: _____ Child's bday: _____ Child's age: _____
Guardian signature: _____

For minor clients under 15: (Please Initial: _____)

I acknowledge that my child is a minor (under 15). According to Colorado mental health law, I retain the right to consent to treatment for my child. I can also decide not to continue with treatment for my child at any time. My child does not retain that right until he/she reaches 15. However, I acknowledge that I am open to what is deemed best for my child's emotional well-being. Until my child turns 18, I have the right to review my child's records or ask questions about treatment with my child's mental health provider. However, I acknowledge that if I attempt to review written records or verbally consult with the mental health provider, any unnecessary involvement in treatment may jeopardize my child's willingness to be open and honest in session. Therefore, while I know I can review records and ask how treatment is going, I will do my best to rely on the professional opinion of the mental health provider to keep me informed as necessary. I also have reviewed and signed the Therapist-Patient Agreement and HIPAA document on my child's behalf.

For clients between ages 15 - 18: (Please Initial: _____)

I acknowledge that my child has different rights to treatment than someone under 15, according to Colorado mental health law but is still considered a minor re: abuse. My child has the right to consent to treatment and he/she can also decide not to continue with treatment at any time, even if I would like it to continue. Until my child turns 18, I still have the right to review my child's records or ask questions about treatment with my child's mental health provider. However, I acknowledge that if I attempt to review written records or verbally consult with the mental health provider, any unnecessary involvement in treatment may jeopardize my child's willingness to be open and honest in session. Therefore, while I know I can review records and ask how treatment is going, I will do my best to rely on the professional opinion of the mental health provider to keep me informed as necessary. I also have reviewed the Therapist-Patient Agreement and HIPAA document but my child has signed both.

For minors of divorced parents or guardians: Please provide court documentation re: parenting and custody and initial those that apply.

_____ I legally have full custody and make all mental health decisions for my child.
_____ I share custody but am in charge of all mental health decisions for my child.
_____ I have partial or joint custody and share mental health decisions for my child. In that case, my child's other parent/guardian MUST sign this document as well for my child to receive services.
_____ I have reviewed the Therapist-Patient Agreement and HIPAA document on c4vl.com.