CONSENT TO TREAT A MINOR

Instructions: Please read this form carefully and sign below indicating your agreement to its terms

We (Parents Names) _____and _____, are the are legal custodial parents with decision-making responsibility for (Minor's Name) _____, a minor. If sole legal custodian, please attach a copy of Permanent Court Order Provision.

We hereby consent to Pioneer Peak Mental Health, Inc. Provider, Linda Rasmussen, in their capacity as a Licensed Clinical Social Worker to begin mental health assessment and treatment of said minor on (Date) _____.

Authorization will be in effect until such time as this psychotherapeutic relationship is terminated. As legal custodial parents, we understand that we have the right to information concerning our minor child in therapy, except where otherwise stated by law. We also understand that this therapist believes in providing a minor child with a private environment in which to disclose himself/herself to facilitate therapy. We, therefore, give permission to this therapist to use their discretion, in accordance with professional ethics and state and federal laws and rules, in deciding what information revealed by my child is to be shared with us. This is our written consent to the mental health assessment and treatment of minor child under the terms stated above.

I understand I have the following rights with respect to my child's psychotherapy treatment:

- I have the right to withdraw or withhold consent for treatment at anytime.
- I understand that there are potential risks and benefits associated with any type of psychotherapy, and that despite my efforts and the efforts of my child's Provider, his/her condition may not improve. I understand that benefit from psychotherapy cannot be guaranteed or assured.
- I understand that I have the right to access my child's medical information and copies of medical records in accordance with Alaska law.

Both parents must consent for treatment unless the treatment is court ordered or one parents is sole legal custodian (please attach provision).

I have read and understand the information provided above and have had the opportunity to discuss questions with my child's Provider.

Signature of Parent or Guardian: _____Date: _____

Signature of Parent or Guardian: _____Date: _____

Signature of Provider: _____ _____Date: _____

Linda Rasmussen, LCSW
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