

Minor Consent for Mental Health Services

This form is to document the consent of a minor to receive mental health services, as permitted by applicable laws and regulations.

Minor Information

Full Name of Minor:

Date of Birth:

Home Address:

Service Provider Information

Provider's Name:

Organization (if applicable):

Consent Statement

I, the undersigned minor, understand that by signing this document, I am consenting to receive mental health services from the provider named above. I understand the nature of the services, the confidentiality involved, and my rights regarding my treatment.

Signature

Minor's Signature:

Date: