

Minor Consent to Treatment

I, _____ certify that I am _____ years old. I am seeking outpatient mental health services from Western Psychological and Counseling Services. I have been fully informed of the services to be rendered and consent to those services.

Payment Method- Choose One

1. _____ I agree to allow Western to notify my parent(s)' to the extent (initial, if yes) necessary in order to obtain Insurance coverage for the services provided.

My insurance information is as follows:

Insurance company _____
Policy # _____

My parent(s)' mailing address and phone number are as follows:

Phone # _____

2. _____ I do not want Western to notify my parent(s)' regarding any of (initial, if yes) these services unless required by law to do so. I do not wish Western to obtain my parent(s)' consent to bill insurance. I fully understand that Western requires me to pay for all services in advance and that my failure to do so may result in termination of services. In the event that I am unable to pay for these services, Western may, at its sole discretion, terminate this relationship and refer me to appropriate mental health providers.

Signature

Date