



# MW Counseling

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## MW COUNSELING

### ATTESTATION OF MEDICAL DECISION MAKING FOR A MINOR CHILD

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Child's Name

Date of Birth

I, \_\_\_\_\_ attest that I may legally consent to behavioral health treatment for the above-named minor child under the following authority:

Please check one box below:

- Biological or Adoptive Parent currently married to the other Biological or Adoptive Parent of the Minor Child
- Biological or Adoptive Parent currently separated or divorced from the other Biological or Adoptive Parent of the Minor Child, or never married (please complete the appropriate section on the second page and sign at the bottom of the page)
- Child Protective Services (CPS) Representative – For children in CPS custody, CPS is required to consent to treatment for those children in their care and to provide legal documentation demonstrating they hold medical decision-making authority. The CPS representative will also need to sign the Consent for Treatment form prior to scheduling the intake appointment, and they will also need to sign the treatment plan at or after the initial intake appointment and before treatment can proceed
- Guardian/Legal Custodian/Other: Please provide detailed explanation in the space below, and attach document verifying legal authority to make medical decisions for the minor child

#### **Parents are Divorced or Separated**

Are there court orders or is there a parenting agreement which explicitly states that sole medical decision-making authority has been awarded to one parent?

Yes  No

If yes, please provide a copy of legal documentation indicating sole decision-making authority or other supporting documentation.

If no, both parents' consent to behavioral health treatment is required. If you are the presenting parent, you must provide contact information for the absent parent:

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Name Relationship to Child Phone Number

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Address City State Zip Code

If exceptional circumstances exist that do not allow the absent parent to sign, please provide explanation and we will review for legal compliance. Explanation (If applicable):

**Parents Have Never Married**

If you and the other parent of this minor child have never been married, either parent can legally sign for treatment. However, if there is a legal order or a parenting agreement that indicates joint medical decision making, both parents' consent to behavioral health treatment is required.

Is there a legal order or parenting agreement that indicates joint medical decision-making authority for this minor child?

Yes  No

If no, please sign below. If yes, the presenting parent must provide contact information for the absent parent and a copy of the legal documentation or parenting agreement.

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Name Relationship to Child Phone Number

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Address City State Zip Code

If exceptional circumstances exist that do not allow the absent parent to sign, please provide explanation and we will review for legal compliance. Explanation (If applicable):

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Client Signature Date

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Client Name

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Parent/Guardian Signature Date

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Parent/Guardian Name

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Parent/Guardian Signature Date

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Parent/Guardian Name