



Checklist for Minor Consent

(Use this form to clarify basis for minor consent; obtain parent/guardian consent if none of the following apply)

Name of Minor: _____ Date of Birth: ___/___/___

- Minor is emancipated (attach copy of ID card or other documentation).**
 ___ I am married or have been married. (Family Code 7002, 7050)
 ___ I am on active duty with the US armed services. (Family Code 7002, 7050)
 ___ I am 14 or older and have been emancipated by court order. (Family Code 7002, 7120, 7140)

- Minor is 15 years of age or older and a self-sufficient minor.** (Family Code 6922)
 > I am living separate and apart from my parents or legal guardian.

_____ (place of residence of minor)

_____ (place of residence of parents or guardian)

> I am managing my own financial affairs.

_____ (place of bank account) _____ (place of employment)

_____ (other source of financial support – explain)

Signature of Minor: _____ Date: _____

Witness: _____

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- Minor may consent to outpatient behavioral health services under Family Code section 6924 or 6929.**

Family Code section 6924(b) provides that a minor aged 12 or older in need of outpatient behavioral health services may consent to those services if both of the following criteria are met: (1) the minor, in the opinion of the attending professional, is mature enough to participate intelligently in the services, and (2) the minor (A) would present a danger of serious physical or mental harm to self or others without the treatment or counseling or (B) is the alleged victim of incest or child abuse. Provider shall document in the client record that both of these criteria have been met.

Family Code section 6929 provides that a minor aged 12 or older may consent to medical care and counseling related to the diagnosis and treatment of a drug or alcohol problem.

Both Family Code section 6924(b) and 6929 require that the treatment must include involvement of the minor's parent or guardian if appropriate, as determined by the provider. The provider must document whether and when the provider attempted to reach the parent or guardian, whether the attempt was successful, or the reason why, in the professional's opinion it would be inappropriate to contact the parent or guardian.

Signature: _____ Date: _____
 (Licensed Health Care Provider)

Note: This form clarifies legal basis for minor consent. If more than one criteria for minor consent applies, all applicable boxes should be "checked." If minor qualifies for minor consent pursuant to any criteria listed on this form, minor should sign Minor Consent form when behavioral health services are initiated and receive a copy of Notice of Privacy Practices. If none of the conditions on this form apply to minor's situation, medical care should not be provided until consent is obtained from parent or legal guardian except as otherwise permitted by law.

(Original to Chart; Copy to Client)