

THE WOMEN'S CENTER
133 Park Street, NE
Vienna, VA 22180
Telephone: 703-281-2657
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Informed Consent for Treatment and/or Assessment for a Minor

The Women's Center makes every effort to ensure that each individual receiving treatment and/or assessment services from this agency has provided full informed consent. The Women's Center recognizes that often Parents and/or Guardians wish to obtain services for Minors. Minor means a person under the age of 18 who has not been emancipated by a court order. Various federal, state and local laws, as well as the ethical codes of the various types of practitioners employed by The Women's Center, address the issue of Parents(s)/Guardian(s) providing informed consent for Minors. If the client's parents are legally married and there is no court order for shared custody or other joint custody arrangement, one parent may legally authorize treatment for both parties. However, in the event that the client's parents are legally divorced or separated, The Women's Center may not treat and/or assess a Minor unless written informed consent is provided by the Parent(s)/Guardian(s) who has authorization to obtain nonemergency services for the Minor as stated in the custody agreement. When a Parent(s)/Guardian(s) shares custody and shares the right to provide consent for the Minor to obtain non-emergency services with another Parent(s)/Guardian(s), both Parent(s)/Guardian(s) must provide informed consent for the Minor to obtain non-emergency services.

If, according to the above policy, second parental/guardian consent is required yet that individual is inaccessible, unwilling to participate, or guilty of abuse or neglect and his/her involvement would be harmful to the child, please speak with your therapist regarding your individual circumstances.

Please note that by signing below without the signature of a second parent, you are stating that you have the legal right to authorize such services for the minor and that no further consent by a parent or legal guardian is required by any law, court order, or otherwise.

Minor's Name: _____

Parent/Guardian #1

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian #2 (if required)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

However, notwithstanding any other provisions of applicable law, a Minor, whether with or without the consent of a parent or legal guardian, may consent to receive outpatient mental health services to be rendered by The Women's Center. If you are a Minor seeking treatment and/or assessment without the consent of a parent or legal guardian, please sign below.

Minor's Name: _____

Minor's Signature: _____

Date: _____