## Consent for Minor with Custody Verification

Patient Name: ______________________________ DOB: __________

In order to provide behavioral health services to your minor child, we require consent from any parent or legal guardian not attending the appointment. For custody arrangements please provide the requested information below:

Current Custody Arrangement: (check the box that applies)

☐ **I have sole legal custody –** I have attached a letter from my attorney or a copy of the legal custody agreement verifying that I am the sole legal custodian who has the right to make mental health decisions for the minor named above.

☐ **I have joint or shared legal custody** – I am the other parent or legal guardian and I give permission for the minor named above to receive psychiatric treatment at Novant Health UVA Health System Northern Virginia Psychiatric Associates, located at 8644 Sudley Road, Suite 315, Manassas, VA 20110.

☐ **I am the caregiver for this minor child and other parent is currently unreachable and cannot provide or sign any documentation giving consent for treatment.** I am aware that the absent parent can choose to limit treatment interactions or to terminate treatment at this office because I do not have sole legal custody. I also am aware that if custody issues interfere with the Doctor/Patient relationship, this could result in the termination of treatment at this office.

Relationship: ______________________________ Phone: ____________________

Printed signature: ______________________________

Signature: ______________________________ Date: __________ Time: ________

Date of Acknowledgement by Provider:

| Provider | Stamp | Date | Time |
| --- | --- | --- | --- |

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted ______________________________ ☐ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)

Patient Name:______________________

DOB:__________

Or label

Name / MR # / Label

**Consent for Minor with Custody Verification**