

# MLB Therapy, PLLC

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## Informed Consent for Treatment and/or Assessment for a Minor

MLB Therapy, PLLC makes every effort to ensure that each individual receiving treatment and/or assessment services from this group has provided full informed consent. MLB Therapy, PLLC 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 address the issue of Parents(s)/Guardian(s) providing informed consent for Minors. MLB Therapy, PLLC 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), then both/all Parent(s)/Guardian(s) should provide informed consent for the Minor to obtain non-emergency services. If the other Parent(s)/Guardian(s) is not present to co-sign this Informed Consent form, then a signed letter stating that the other Parent(s)/Guardian(s) also gives consent for the Minor to receive treatment will substitute. If you do not have said letter in possession at this time, please obtain this letter before the Minor attends a second session at MLB Therapy, PLLC.

In child custody cases, both parents may have the right to access the records of their children. Contact your attorney for clarification of these laws should you have concerns or need additional clarification in this area.

*By signing to authorize services for a minor, 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(s)/Guardian(s) Name(s) (print):

\_\_\_\_\_

\_\_\_\_\_

Parent(s)/Guardian(s) Signature(s):

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*However, notwithstanding any other provisions of applicable law, a Minor (14 years of AGE or older), whether with or without the consent of a parent/legal guardian, may consent to receive outpatient mental health services to be rendered by MLB Therapy, PLLC. 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 (print): \_\_\_\_\_

Minor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_