

# INFORMED CONSENT FOR TREATMENT AND/OR ASSESSMENT FOR A MINOR RESIDING IN VIRGINIA



1801 ROBERT FULTON DRIVE UNIT 230 RESTON, VA 20191

SHARA SMILE makes every effort to ensure that each individual receiving treatment and/or assessment services from this company has provided full informed consent. Accordingly, the counseling services and treatment available to you must be disclosed, and you should review the terms of SHARA SMILE SERVICES AGREEMENT (and any other applicable document/policy) prior to your signing this form. SHARA SMILE 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 or is married. The laws and regulations of Virginia, as well as the ethical codes of the various types of practitioners employed by SHARA SMILE, address the issue of Parent(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, SHARA SMILE 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 authorized 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.*

I hereby consent to receive counseling from SHARA SMILE for the purposes of addressing mental health concerns or symptoms. SHARA SMILE has given me information about the treatment or service and its purpose, side effects, potential risks and benefits, and applicable alternative treatments (along with their side effects, risks, and benefits)

Minor's name: \_\_\_\_\_  
Parent/Guardian #1: (NAME) \_\_\_\_\_  
Parent/Guardian #1: (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent(s)/Guardian(s)#1 Phone number: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 (if required)  
Parent/Guardian #2: (NAME) \_\_\_\_\_  
Parent/Guardian #2: (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent(s)/Guardian(s) #2 Phone number: \_\_\_\_\_ Email \_\_\_\_\_

***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 SHARA SMILE. 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: \_\_\_\_\_  
Minor Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

to the proposed counseling services. I understand that I am free to refuse or withdraw my consent at any time and that I may raise concerns or inquire about such services or treatment.