MH 521
Revised 12/5/11

CONSENT FOR MINOR

Please select the appropriate section. One section MUST be completed.

☐ **EMANCIPATED: (To be completed by staff)** This minor has been declared emancipated from his/her parent/guardian by the courts and has been issued an identification card by the Department of Motor Vehicles (Cal Fam Code 7120). A copy of the identification card must be filed with this form

☐ **ACTIVE DUTY WITH ARMED FORCES: (To be completed by staff)** This minor must be currently serving in the US Armed Forces. A copy of his/her military ID must be filed with this form (Cal Fam Code 7002).

☐ **MARRIED: (To be completed by staff)** This minor is or has been married (Cal Fam Code 7002). A copy of the marriage certificate must be filed with this form.

☐ **SELF SUFFICIENT: (To be completed by the client)** This minor is self sufficient as exhibited by being able to declare all of the following (Cal Fam Code 6922).

- o I am 15 years of age or older, having been born on _____ (birthdate).
- o I am living at the address given on admission for services which is apart from the home/residence of my parents or legal guardian.
- o I am managing my own financial affairs indicated by the financial information provided by me on admission for services.
- o I understand that I am financially responsible for the charges for my mental health services and I may not disaffirm this consent because I am a minor.

_____ _____
Signature of Client Date

☐ **NEED FOR MENTAL HEALTH SERVICES: (To be completed by an Authorized Mental Health Discipline-AMHD).**
This minor is in need of mental health services. I certify that **each** of the following **four** requirements are met (Cal Fam Code 6924).

1. The client is 12 or older and mature enough to participate intelligently in the services provided.
2. **The client meets one of the following:**
   - ☐ **there is danger of serious physical or mental harm if participation is not permitted**
   - ☐ **there is alleged incest or child abuse**
3. The client's parent(s)/guardian(s):
   - ☐ were contacted on _____ by _____
   - ☐ were not contacted because _____
4. The client's parent(s)/guardians(s)
   - ☐ are currently involved in the services provided
   - ☐ do not want or are unwilling to participate in the treatment
   - ☐ are not appropriate to participation in the services provided

Note: The client WILL NOT be prescribed psychiatric medications without his/her parent/guardian signing the *Consent for Services form*.

_____ _____
AMHD Signature and Discipline Date

☐ **REQUEST FOR MENTAL HEALTH SERVICES: (To be completed by an Authorized Mental Health Discipline-AMHD).** This minor is mature enough to participate in mental health treatment. I certify that **each** of the below **three** criteria are met and that **services will not be claimed to Medi-Cal** (Health & Safety Code 124260). **Services provided to a client who meets only these criteria may NEVER be claimed to Medi-Cal; alternate funding must be available.**

1. The client is 12 or older and mature enough to participate intelligently in the services provided.
2. The client's parent(s)/guardian(s):
   - ☐ were contacted on _____ by _____
   - ☐ were not contacted because _____
3. The client's parent(s)/guardians(s)
   - ☐ are currently involved in the services provided
   - ☐ do not want or are unwilling to participate in the treatment
   - ☐ are not appropriate to participation in the services provided

Note: The client WILL NOT be prescribed psychiatric medications without his/her parent/guardian signing the *Consent for Services form*.

_____ _____
AMHD Signature and Discipline Date

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

CONSENT FOR MINOR