



Partners for Behavioral Health and Wellness

24800 Highpoint Road, Beachwood, OH 44122
Phone: 216.342.5496 FAX: 216.763.9700

8221 Brecksville Road, #101, Brecksville, OH 44141
Phone: 216.342.4140 FAX: 440.792.4645

PARENTAL CONSENT FOR MENTAL HEALTH TREATMENT OF A MINOR

Child's Name: _____

Date of Birth: _____

As the parent or legal guardian with the authority to consent on behalf of the minor child named above, I hereby give my consent for the minor to seek counseling, psychotherapy, psychological assessment and/or psychiatric care from the professional staff associated with or employed by Partners for Behavioral Health and Wellness.

The mental health provider responsible for the care, _____, has
Clinician's Name

explained to me the proposed treatment plan, the general nature and extent of any risks involved in the treatment, and alternative treatment options, if any. This consent will be valid until the minor reaches the age of 18, but can be revoked at any time by written notification from the parent or guardian.

Any questions relating to this form or the proposed treatment can be directed to Partners for Behavioral Health and Wellness at 216-342-5496.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date