BUEN CAMINO
PSYCHIATRIC & MENTAL HEALTH CLINIC

Consent to Treat a Minor

As the parent or legal guardian with the authority to consent on behalf of the minor child named below, I hereby give my consent for the minor to seek counseling, psychotherapy, psychological/psychiatric assessment and/or psychiatric care from the professional staff associated with or employed by Buen Camino Psychiatric & Mental Health Clinic, LLC.

The provider responsible for the care, has explained to me the proposed treatment plan, the general nature and extent of the risks involved in the treatment, and alternative treatment options, if any, and probable consequences of not receiving treatment. However, treatment will not be delayed if any emergency exist

This consent will be valid until the minor reaches the age of 14, but can be revoked at any time by written notification.

Minor's Name Date of Birth

Guardian's Printed Name and Signature Date