

Minor Consent Form & Patient Rights and Responsibilities

Consent to Treatment: I authorize and request that Healing For All, LLC provide the psychiatric services determined to be clinically appropriate for my child/myself. I understand that the primary goal of these services is to help my child be at his/her most successful emotionally, socially and academically. I understand that I have the right and responsibility to be informed of my child's progress. I understand that Healing For All will review my child's progress at appointments with me, and that I will work as a team with Healing For All by providing feedback and observations regarding my child and implementing recommendations to ensure optimal living and health for my child and myself.

Consent to Treatment of Minors: I hereby represent that I have the legal authority to obtain medical treatment and counseling for the minor child for whom I am requesting treatment. I am a biological parent or legal guardian. If group home or foster family settings, I am designated to authorize treatment. If divorced, I am the primary custodial parent and can secure treatment without the authorization of the other parent. **(PLEASE SUBMIT ALL SUPPORTING DOCUMENTS TO DR. BROADWATER OR OFFICE STAFF).**

Limits of Relationship and Confidentiality: I understand that communications between a client and clinician are confidential and protected by law. I also understand that exceptions include when a client is a danger to themselves or to others, or when there is a reasonable suspicion of child or elder abuse.

Release of information and Authorization for Payment: I hereby authorize Healing For All to release information regarding my child's condition and treatment to Medicaid, and/or other insurance carried by the client. I authorize payment or medical benefits to Healing For All for services provided.

This Consent is governed and interpreted under the laws of Georgia.

Signature

Printed Name

Date

Name of Child's Name

Date of Birth/Policy Number/Insurance Carrier