

1981 E Palmer-Wasilla Hwy, Suite 220, Wasilla, AK 99654 Phone: (907) 357-6513 I Fax: (907) 357-6514

Authorization to Treat a Minor by Legal Guardian

I, ______ (name), confirm that I am currently a legal guardian, appointed by a court or otherwise, and have legal authority of ______ (minor's name), hereafter referred to as MINOR; and possess the legal rights to make decisions about their treatment.

I acknowledge that I have received, read (or have had read to me), and understand the information provided to me about the therapy I am considering for MINOR. I have had all my questions answered fully.

I do hereby seek and consent to allow MINOR to take part in the treatment provided by OTC with the therapist indicated below. I understand that a treatment plan will be developed with a therapist and a regular review of progress toward meeting the treatment goals are in the minor's best interest. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by OTC. I am aware that, as the legal guardian, I may stop MINOR'S treatment at OTC at any time.

The financial obligation for the services received shall fall under the responsibility of the parent or the legal guardian initially seeking MINOR'S treatment. I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and provider(s), of any services or treatments MINOR receives.

My signature below shows that I understand and agree with the above statements.

Printed name of Client	Signature of Client	Date
Signature of parent or guardian if applicable	Relationship to client (if necessary)	Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Holly Hoff, LPC Brittney Punt, LCSW Derek Sandlin, LPC David Banks, LPC Ken Brewington, LPC

Signature of therapist

Date