



Parental Consent to Treatment for Patients Age 15 and Under

At Gladstone, we understand that families come in all different shapes and sizes. In order to provide your family with the best care, we must verify that we have the correct consent to treatment.

Please check the appropriate box below and follow associated instructions to consent for treatment of patients age 15 and under (*the state of Maryland permits minors to consent to their own mental health treatment at the age of 16*):

- Biological Parents are Married:** Only one parent’s signature is required.
- Separated/ Divorced- One Parent Has Sole Legal and/or Medical Decision-Making Rights:**
If one parent has sole legal and/or medical decision-making rights for the patient, then *only that parent’s signature is required.*
- Separated/ Divorced- Both Parents Have Joint Legal and/or Medical Decision-Making Rights:**
If parents are separated or divorced and have joint legal and/or medical decision-making rights for the patient, then *BOTH parents’ signatures are required* before patient can receive treatment. (See below) ***
- Legal Guardian/ Non-Biological Parent:** *Only the legal guardian’s signature is required* for treatment.

Please send any associated documentation to our office prior to the patient’s intake appointment.

AUTHORIZATION:

I (parent/legal guardian) request and authorize Gladstone Psychiatry and Wellness to deliver psychiatric treatment to my minor child as may be deemed necessary or advisable in the diagnosis and treatment of my minor child.

I have the legal right to authorize Gladstone Psychiatry and Wellness to deliver psychiatric treatment and therapy to my child. I have read, understand, and give my consent as stipulated above. I understand that my signature means that I have read this form and/or have had it read to me and explained in language that I can understand.

Signature of Parent or Legal Guardian

_____/_____
Printed Name / Date

Relationship to Patient

***If you selected the option “Separated/ Divorced- Both Parents Have Joint Legal and/or Medical Decision-Making Rights:” You must contact the office and request an additional minor consent form to be sent to the other parent/medical decision-maker. Any person under age 16 cannot be prescribed medicine without all legal guardians consenting to treatment. If this form is not signed by both parents at time of appointment, no medications will be prescribed. ***



Divorced / Separated Parents Addendum

Mental Health Treatment for Children of Divorced or Separated Parents

We understand that co-parenting can be complex. Here's how we can ensure the best care for your child while honoring your family's unique circumstances.

Shared Responsibilities:

- **Medical Decisions:** Please make decisions regarding appointments and treatments before the time of your scheduled appointment.
- **Communication:** It is the responsibility of the parents to communicate with each other about the patient's appointments, treatment, and any other pertinent information. It is not the responsibility of the provider to communicate treatment information to each parent separately. Our providers will not call the non-attending parent following treatment appointments. We will not call a parent to notify them of an appointment scheduled by the other parent. Parent only appointments are available as needed.
- **Financial Responsibility:** The parents or legal guardian(s) of the minor patient are responsible for payment of services. The parent/ guardian who completes the intake paperwork will be labeled as the guarantor, regardless of insurance coverage. We ask that payment be received before the start of the appointment; if not, the parent/guardian bringing the patient to the appointment will be required to pay.

Access and Authorization:

- **Court Orders:** Any legal paperwork regarding medical decision-making and access to child records/ information should be provided to Gladstone Psychiatry & Wellness.
 - If the legal status of either parent/guardian changes during the course of treatment, it is the parent's responsibility to inform the clinician and provide Gladstone Psychiatry & Wellness with the updated paperwork.
- **Consent Forms:**
 - If parents have joint legal and medical decision-making rights, both parents must sign consents for records to be shared outside of Gladstone Psychiatry & Wellness.
 - If parents have joint legal and medical decision-making rights, one parent can sign consents for communication with other providers (pediatrician, therapist, school, etc).
- **Medical Records:** Unless a court order states otherwise, both parents can access their child's medical records.

Our Role:

- **Neutral Care:** Our primary focus is the child/patient's well-being. Gladstone staff will not be a party to or involved in domestic disagreements or legal issues involving divorce, separation, or custody. Domestic disputes and animosity will not be tolerated, as it is detrimental to the child's treatment.
- **Appointment Scheduling:** Gladstone Psychiatry & Wellness staff will not mediate appointment scheduling or cancellation issues between parents.
- **Communication with lawyers / court-appointed officials:**
 - Providers can communicate factual information (dates of treatment, diagnosis, etc.) to lawyers/ court-appointed officials. They cannot provide an impression (parental fitness, etc) or act as an "expert witness" under any circumstance.
 - Treatment letters, medical records, and other documentation may be provided as the court requires. Providers will not appear in court or testify on behalf of patients or their families.

Important Note:

Our primary goal is to provide exceptional mental health care for your child. Gladstone Psychiatry & Wellness reserves the right to discharge a patient or family at any time if they do not adhere to our guidelines or if their behavior disrupts patient care.

If you have any questions, please call (443)708-5856.