

# Sample Minor Consent Form for Mental Health Services

This **minor consent form** ensures confidentiality and legal compliance when providing mental health services to individuals under 18. It outlines the rights, responsibilities, and consent requirements essential for effective treatment. Properly completed forms facilitate a safe and supportive therapeutic environment.

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## Client Information

Minor's Full Name:

Date of Birth:

Parent/Guardian Name:

Relationship to Minor:

Contact Phone/Email:

## Consent and Agreement

I, the undersigned, consent to the participation of the above-named minor in mental health services provided by the organization and/or its clinicians. I understand that these services will be delivered according to confidential and ethical standards and that information may be shared as required by law or with my explicit consent.

- I understand the nature and limits of confidentiality in mental health treatment.
- I acknowledge my responsibility to participate in treatment planning as appropriate.
- I have the right to inquire about treatment methods, expected duration, and fees.
- I may withdraw this consent at any time in writing, with the understanding that this may affect ongoing treatment.

☐ I have read and understand the above information and give my consent for the minor to receive mental health services.

Parent/Guardian Signature:

Date: