

## Consent for Treatment of a Minor

If you are under the age of 18, Texas State Law requires that we obtain permission from your parent or managing conservator/guardian in order to offer you counseling services/psychiatric treatment, unless any of the following circumstances apply (please check all that apply).

According to Family Code 32.003, **treatment by a licensed physician** can occur if:

- I am on active duty in the armed forces OR
- I am 16 years of age or older and reside apart from parents, conservator, or guardian AND I manage my own financial affairs (regardless of the source of income).

If you checked one of the 2 above items, we can offer you psychiatric treatment without parental/guardian consent.

According to Family Code 32.004, **consent for counseling** can occur when:

- I am thinking about suicide.
- I have concerns about alcohol and/or drug addiction or dependency.
- I have been sexually, physically, or emotionally abused.

If you checked one of the 3 above items, we can offer you counseling without parental/guardian consent.

If none of the above situations apply and you are a minor between 16-18 years of age:

According to Health and Safety Code 572.001(a), **consent for outpatient mental health services** can occur when you request outpatient mental health services from the administrator of the facility:

- In accordance with Health and Safety Code 572.001(a), I hereby voluntarily request outpatient mental health services from the administrator of this facility.

If you checked the above item, we can offer you counseling and psychiatric treatment without parental/guardian consent once this application is approved by an appropriate CMHC administrator.

If the above statement does not apply to you, then we will need parental/guardian consent before your counseling begins. Please obtain written permission from your parent or managing conservator/guardian for counseling services before an appointment is scheduled.

**Under Texas State Law, parents/guardian may still have access to your counseling/psychiatric record and/or could talk with your counselor/psychiatrist whether parental consent is necessary or not. A counselor/psychiatrist may contact a parent/guardian without consent, if deemed necessary.**

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By signing this Consent Form, I am acknowledging that:

1. I have read this form and understand its contents, including the limits of confidentiality stated above.
2. The information I have provided is accurate.
3. I request mental health services from the Counseling and Mental Health Center.

\_\_\_\_\_  
STUDENT NAME (PLEASE PRINT)

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UT EID

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADMINISTRATOR SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
DATE