

# Serene Minds, LLC

410 Foulk Road, Suite 102  
Wilmington, DE 19803



80 Omega Dr, Bldg C  
Newark, DE 19713

## PARENTAL CONSENT FORM FOR THE TREATMENT OF MINORS

FULL NAME OF CLIENT (MINOR) \_\_\_\_\_ GENDER \_\_\_\_\_

CLIENT'S DATE OF BIRTH \_\_\_\_\_ CLIENT'S ADDRESS \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS' RELATIONSHIP STATUS:  Never Married  Never married but living together  Married  Divorced

Separated  Civil Union  Other Explain: \_\_\_\_\_

LEGAL CUSTODY ARRANGEMENT:  Sole custody  Joint custody  No custody issues

Explain custody arrangement \_\_\_\_\_

**CONFIDENTIALITY:** Any information disclosed during treatment and any medical records related to treatment are considered confidential and may not be revealed to anyone without your written permission except in cases where such disclosure is required by law or by court order. The law may require clinician to disclose confidential information in cases

- a) where there is a suspicion/history of child/elder abuse/neglect
- b) where there is a danger that client may harm self/others/property
- c) of significant impairment from drug and/or alcohol abuse
- d) where unprofessional conduct by a licensed clinician is suspected

**PARENTAL CONSENT:** I certify that I have the legal right to seek treatment for the above mentioned minor in my custody and I authorize Serene Minds, LLC to provide behavioral health therapy and/or medication management treatment to the minor. In case of custody issues, I will either provide Serene Minds, LLC a) the court order that establishes that I have the sole legal custody of the minor OR b) I will have the other parent sign this consent for the treatment before the first appointment.

**ACKNOWLEDGMENT:** I understand and acknowledge the receipt of office policies, guidelines, and procedures and HIPAA Notice of Privacy Practices from Serene Minds, LLC. I am signing this consent in absence of coercion, duress or deceit.

\_\_\_\_\_  
(Signature of parent /guardian)

\_\_\_\_\_  
(Full name of parent /guardian)

\_\_\_\_\_  
(Date MM/DD/YYYY)

\_\_\_\_\_  
(Signature of parent /guardian)

\_\_\_\_\_  
(Full name of parent /guardian)

\_\_\_\_\_  
(Date MM/DD/YYYY)