

**Minor Informed Consent, Without Parent/Guardian**

Michigan State Law recognizes the right of a minor child, 14 years of age or older to ask for and receive outpatient mental health services (not including psychotropic medication) without the consent or knowledge of a parent/guardian. Patients can access counseling up to 12 visits, or 4 months for each separate request. There are some special considerations which exist that all patients need to be aware of and consent to:

* If you are a voluntary recipient of mental health services and you do not agree with some part of your treatment, you have the right to withdraw your consent to treatment at any time.
* You have the right to participate in the development of your treatment plan and to involve family members, friends, advocates and professionals of your choice in the development process.
* You have the right to see your record. Upon your request, you or your legal representative may read or get a copy of all or part of your record. There may be a charge for the cost of copying. If you believe your record contains incorrect information, you or they may place a statement in your record which corrects that information. You may not remove what is already in the record.
* You have the right to feel safe at all times. You will not be physically, sexually or otherwise abused while in treatment at Alcona Health Center.
* I understand that AHC has taken steps to minimize exposure to COVID-19 in all school locations based on CDC guidelines. I understand that if I am in poor health, I may be contacted to reschedule my appointment until symptoms are evaluated by a medical professional. If I have any concerns regarding COVID-19, I will contact my therapist prior to my scheduled appointment.
* You have the right to have your mental health treatment kept private. Information about you and your treatment cannot be given to anyone except as required or allowed by law. Listed here are situations when confidential information may be released:
* If a law or court order requires your records be released.
* If you, or your legal representative, consent
* If it is needed for research or statistical purposes, with certain safeguards regarding identification
* If you tell your therapist that you are going to harm another person, he/she may have to notify the police and the person you threaten to harm
* If you tell your therapist that you intend to harm yourself in any way, he/she may have to notify parent/guardian
* If you report you or someone else has been abused or neglected in some way, your therapist may have to report this to the proper authorities to keep you or others safe
* If there is a medical or public health concern, ie: COVID-19, requires disclosure to medical personnel.

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Signature of Patient 14 yrs. and older Date

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Rebekah Pedersen, LPC, CAADC Date

Behavioral Health Therapist

Alcona Health Center