



Monterey County Behavioral Health Minor Consent

PERSON IN CARE: _____ **DOB:** _____

MINOR CONSENT

I would like to receive services from Monterey County Behavioral Health (MCBH). I know that I can change my mind about getting services here at any time. I can give my own consent to these services because: (check any that apply)

- I am a minor seeking "sensitive" services (*e.g., outpatient mental health services and/or substance abuse treatment*)
- I am emancipated (*e.g., married, active U.S. military, or by court order*)
- I am a self-sufficient minor (*15 years or older, living separate and apart from parent/legal guardian and managing my own finances*)

MCBH HEALTHCARE TEAM

I have been told how services will be provided. I understand that:

- The MCBH healthcare team may consist of specialists from different disciplines and different licensure.
- Some of the healthcare team members may be trainees working toward graduate degrees in psychology, social work, marriage and family therapy, nursing and/or psychiatry.

PRIVACY

I have been told about how MCBH will protect my privacy and keep my health information private. I have been offered a copy of the MCBH Notice of Privacy Practices, which has information about how my private health information may be used and disclosed under the law. I understand that in certain situations information must be disclosed, for example if there is a reasonable suspicion of child abuse, or if there is a threat to my physical safety or to the safety of others. I also understand that if I am receiving services pursuant to minor consent for "sensitive services" that my provider must involve my parent/legal guardian, unless doing so would be inappropriate.

SHARING INFORMATION WITH OTHERS

I understand that MCBH healthcare team members:

- May share my private healthcare information with each other to coordinate or evaluate my care.
- May share my private healthcare information with healthcare professionals outside MCBH in order to better provide services to me. For example, team members may suggest that I get services from someone else in the community.
- May share information within the program its own operations, for example to improve the quality and impact of the services they provide.

MY RIGHTS

I have been told that:

- I have a right to request a copy of my record.
- I have a right to ask that private information about me be shared with third parties including my parent/legal guardian or others.

Person in care's signature: _____

Date: _____

Staff signature: _____

Date: _____