

## Under 18 Consent for PCBH Services

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (dd/mm/yy)

Health Care #: \_\_\_\_\_

Prior to seeing any child (ages 0-17) we ask the parent(s) or guardian(s) to review the **Primary Care Behavioural Health Information Sheet**, which provides information about the services being offered. After reading the information sheet, if the guardian(s) consent to their child receiving services from the PCBH provider, we ask that all guardians sign this form to indicate this consent. It is the responsibility of the parent(s)/guardian(s) to review the letter and to provide consent for care.

***If your child is 12 or younger, we recommend that the guardian(s) attend(s) the first appointment alone. If the child is 13 or older, we recommend that both the guardian and child attend the first appointment.***

In some circumstances, a provider may determine that a person under the age of 18 is a mature minor and guardian consent will not be required in these situations.

If only one parent/guardian will be attending the first appointment with the child, please ensure the other parent/guardian signs the consent form in advance. ***This form must be returned to the clinic prior to the scheduled appointment. The appointment may be rescheduled if this form is not completed and returned to the clinic on time.***

At this time, our services are being offered virtually/phone or in person. We do our best to keep the information you give to us during our virtual and phone appointments private and secure, but virtual care and phone calls have some privacy and security risks. For example, there is a higher risk that people who do not have a right to your health information may overhear your information or gain access to your information. To help us keep your information private and secure, you should be in a private setting and should not use an employer's or someone else's device.

**Guardian # 1**

This is to verify that I, \_\_\_\_\_ am the legal guardian of the above named  
 (Name of Legal Guardian)  
 minor child. And, I hereby consent that the above named child may receive care, including virtual care, from the Primary Care Behavioural Health Provider in the Medical Home. I understand that I may cancel or revoke this consent at any time.

\_\_\_\_\_  
 Signature of Legal Guardian

\_\_\_\_\_  
 Today's Date

**Guardian # 2**

This is to verify that I, \_\_\_\_\_ am the legal guardian of the above named  
 (Name of Legal Guardian)  
 minor child. And, I hereby consent that the above named child may receive care, including virtual care from the Primary Care Behavioural Health Provider in the medical home. I understand that I may cancel or revoke this consent at any time.

\_\_\_\_\_  
 Signature of Legal Guardian

\_\_\_\_\_  
 Today's Date

***If you are unable to obtain consent from the other parent/guardian, write an explanation on the back side of this page:***

I am unable to obtain consent from the other parent/guardian because:

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Attending Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_