Paradigm Psychiatry

Paradigm Psychiatry
2430 W Ray Rd., Suite 3
Chandler, AZ - 85224-3556

[MC] MINOR CONSENT

MINOR PATIENT FULL NAME: *

What is the current family arrangement for the minor? *

- ☐ Married Parents living together
- ☐ Married Parents living separately
- ☐ Separated Parents
- ☐ Divorced Parents
- ☐ Parents Never Married
- ☐ Court-appointed Legal Guardian
- ☐ Foster Care Placement

PARENT/LEGAL GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN #1 Name: *

Relationship to Minor: *

- ☐ Biological
- ☐ Adoptive
- ☐ Legal Guardian

Has legal authority to consent to the minor's medical and mental health treatment? *

- ☐ Yes
- ☐ No

Phone Number and Email: *

PARENT/LEGAL GUARDIAN #2 Name: *

Relationship to Minor: *

- ☐ Biological
- ☐ Adoptive
- ☐ Legal Guardian

Has legal authority to consent to the minor's medical and mental health treatment?

- ☐ Yes
- ☐ No

Phone Number and Email: *

COURT-ORDERED CUSTODY AND LEGAL RESTRICTIONS: Is there a court-ordered custody arrangement or parenting plan in place? *

- ☐ Yes
- ☐ No
- ☐ Pending/In Progress

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What type of custody or legal decision-making arrangement is specified in the court order? (Select all that apply) *

- ☐ Married-No Court Order
- ☐ Joint custody/legal decision-making
- ☐ Sole custody/legal decision-making
- ☐ Shared or equal parenting time
- ☐ Supervised parenting time
- ☐ Court-appointed legal guardian

REQUIRED DOCUMENTATION: Must provide complete copy of legal court order, parenting plan, or guardianship document. Paradigm Psychiatry must review applicable legal documentation to verify decision-making authority and any restrictions that may affect treatment, communication, consent, or access to records. Minor's primary residence or parenting-time arrangement alone does not establish legal authority to consent to treatment. Email: info@paradigmpsychiatry.com

ATTENDANCE REQUIREMENT: Parent/ Legal Guardian must accompany minor to ALL appointments until the minor reaches 18 years of age, including both in-person and telehealth visits. The accompanying parent or legal guardian must have appropriate legal authority to participate in care and provide consent.
The parent or legal guardian accompanying the minor to an appointment is responsible for communicating treatment plan decisions, updates, and relevant information to the non-accompanying parent when joint legal decision-making authority applies, unless otherwise restricted by court order or law.

CUSTODY DISPUTES AND LEGAL PROCEEDINGS: Paradigm Psychiatry provides psychiatric evaluation and treatment focused on the minor's mental health needs. The practice does not conduct child custody evaluations, parenting evaluations, or forensic assessments as part of routine clinical care, and providers do not make custody or parenting-time recommendations. Providers maintain a clinical focus and do not take sides in parental disputes. Requests for records, testimony, or participation in legal proceedings will be reviewed in accordance with applicable law, professional obligations, and practice policies. If parental conflict interferes with treatment, communication, or the provider's ability to deliver appropriate care, Paradigm Psychiatry may review the treatment arrangement and determine whether continued care is clinically appropriate.

CONSENT AND ACKNOWLEDGMENT: I certify that the information provided on this form is accurate and complete to the best of my knowledge. I confirm that I have the legal authority to consent to the minor's treatment as indicated in this form and have disclosed any applicable court orders or legal documentation. I voluntarily consent to the minor receiving psychiatric and related mental health evaluation and treatment. I understand the parent/legal guardian attendance requirement and agree to notify the office promptly of any changes to legal decision-making authority, guardianship, court orders, or other circumstances that may affect treatment.

Parent/Legal Guardian Printed Name: *

_____

Parent/Legal Guardian Signature: *

_____

Date: *

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