



# A Village for One

Uniting our community to uplift, support, heal, and build a home for youth impacted by commercial sexual exploitation and trafficking.

[www.avillageforone.org](http://www.avillageforone.org)

## Minor Consent to Treatment

I, \_\_\_\_\_ (please print full legal name) certify that I am \_\_\_\_\_ years old. I am seeking outpatient mental health services through A Village for One. I have been fully informed of the services to be rendered and consent to those services.

### Payment Method-Choose One

1. \_\_\_\_\_ (initial, if yes)

I agree to allow A Village for One to notify my parent(s) to the extent necessary in order to obtain insurance coverage for the services provided.

My insurance information is as follows:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

My parent(s)' mailing address and phone number are as follows:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (initial, if yes)

I do not want A Village for One to notify my parent(s) regarding any of these services unless required by law to do so. I do not wish A Village for One to obtain my parent(s) consent to bill insurance. I fully understand that A Village for One *may* require me to pay for all services in advance and that my failure to do so may result in termination of services. In the event that I am unable to pay for these services, A Village for One may, at its sole discretion, terminate this relationship and refer me to appropriate mental health providers.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date