



Child/Adolescent Patient Information and Consent

Welcome, and thank you for considering Lifespan Mental Health PLLC (“Lifespan Mental Health”, “us”, “clinic”, “Company”) for your mental health needs. This document contains important information about our professional services and business policies. We kindly welcome you to discuss any questions or concerns you may have about the contents listed in our policies prior to initiating treatment. Please review the sections in the form, and initial as instructed and then sign at the bottom.

Licensed Medical Professional

All mental health services at Lifespan Mental Health PLLC are provided by licensed medical professionals (or supervised trainees when clearly identified) in their professional capacity on behalf of the Company and not personally. This means that professional liability, billing, and medical record-keeping are maintained by the Company. All staff of the Company provide services under this structure and not in a personal capacity.

Scope of Services

Services at Lifespan Mental Health PLLC may include psychiatric evaluation, medication management, supportive psychotherapy, and psychoeducation, as clinically appropriate. All treatment is individualized, goal-directed, and based on medical necessity in accordance with state and federal standards.

At this time, Lifespan Mental Health does not provide stand-alone psychotherapy services. Medication management visits may sometimes include supportive psychotherapy if it is helpful for your care. When this occurs, the visit is billed as one combined service that includes both the medication management portion and the psychotherapy portion. The cost reflects the total time and complexity of your care on that day. If you would benefit from ongoing or specialized therapy beyond what can be incorporated into medication management visits, your provider will recommend referral to an outside therapist or program that best meets your needs.

Onboarding for New Patients

All new patients must complete required onboarding before their first visit. Lifespan Mental Health PLLC uses Osmind, a HIPAA-compliant electronic health record with a secure patient portal. To establish your portal, we require your legal first and last name, a current phone number, and an email address. As part of onboarding, patients are also required to sign consent forms, provide insurance information if they plan to use insurance for payment, submit a valid form of identification, and place a secure payment method such as a credit card, debit card, or HSA/FSA card on file. Initial appointments will not be confirmed until all onboarding steps are complete. If you need help with forms, we can assist you in the office or troubleshoot with you by phone.

Appointments

Appointment requests are made by calling 763-200-1160 during office hours listed at www.LifespanMH.com. In the Osmind patient portal, there is a “Request an Appointment” feature. Please note that this feature allows you to request a preferred time, but it does not guarantee or confirm the appointment. Requests are reviewed by our staff, and you will receive notification once your appointment has been confirmed. The “Book Now” feature on our website is available for new patient initial appointments only. When you request an appointment using this feature, the time is tentative and not finalized until all required onboarding items are completed. You will receive confirmation once your appointment is officially scheduled.



Cancellations, Late Arrivals, and Missed Appointments

We require at least 24 hours' notice for cancellations or rescheduling any confirmed appointments. If you no-show or late-cancel your appointment, you will be charged the out-of-pocket rate for the scheduled service if your insurance allows. Patients who miss or late-cancel three (3) follow-up appointments may be discharged from services. Please note that if you no-show or late-cancel an intake evaluation, you will not be rescheduled. This policy is in place because of the significant time reserved and preparation required for new patient visits.

If you arrive late, your appointment may be shortened so it ends at the scheduled time. In some cases, if there is not enough time to complete a safe and thorough visit, you may be asked to reschedule. In that situation, the visit will be considered a late cancellation, and you may be responsible for the out-of-pocket rate for the scheduled service if your insurance allows.

Patients who pay out of pocket are required to place a deposit equal to the anticipated cost of the scheduled visit prior to the appointment. This deposit is applied toward the cost of the visit. If the appointment is canceled or rescheduled with at least 24 hours' notice, the deposit will be refunded or credited toward a future appointment. If the appointment is missed or canceled late, the deposit will be applied toward the missed appointment fee in accordance with this policy.

We encourage patients to notify the office if they are running late, though this does not guarantee that the appointment can still be accommodated. Follow-up appointments are strongly encouraged to be scheduled at the end of each visit to support ongoing care and avoid lapses in treatment. If your Medical Professional must cancel an appointment, you will not be charged. If pre-payment was made, you will be refunded, and our office will make every effort to reschedule your visit as soon as possible.

Number of Visits

The number of sessions needed depends on many factors and will be discussed by the Medical Professional. Your initial session will involve an evaluation of your needs, and depending on your circumstances, further evaluative sessions may be required. At the end of the evaluation process, the undersigned Medical Professional will be able to provide you with some first impressions of what practice may include. You will also discuss a treatment plan to follow, if both you and the Medical Professional agree to work together in your services. You should evaluate this information along with your own opinions of whether you feel comfortable working with the Medical Professional. If you have questions about your treatment, feel free to discuss them with the Medical Professional at any time.

After-Hours Emergencies

Please know that your Medical Professional and Company do not provide twenty-four (24) hour crisis or emergency mental health services. Should you experience an emergency necessitating immediate mental health attention, immediately call 911 or if you are able to safely transport yourself, go to the nearest hospital emergency room for your safety.

Length of Visits

The initial intake and evaluative session are normally scheduled for 60-75 minutes and may run longer if needed and scheduling allows. Further evaluative sessions may be scheduled as needed for the Medical Professional to accurately assess your needs. Once the evaluation process is completed, medical follow-up sessions are generally 20-45 minutes in length, depending on the circumstances.



Payment for Services

Lifespan Mental Health, PLLC is contracted with several insurance companies. If we are in-network with your insurance, we will bill your plan directly according to your benefits. You are responsible for copays, deductibles, and coinsurance at the time of service. If we are not contracted with your insurance and your plan does not provide out-of-network coverage, you will be responsible for the full cost of services at the time of the visit. In these cases, you may request a receipt ("superbill") to submit to your insurance for possible out-of-network reimbursement. You are responsible for payment of all services provided by Lifespan Mental Health, PLLC, regardless of insurance status. Services are billed according to national standards, based on either total time or the medical decision-making (MDM) complexity of your visit.

Out-of-Pocket/Self-Pay Rates

Medication Management (based on MDM):

- Initial evaluation (high complexity or ~60–75 minutes total time): \$425
- Follow-up visit (moderate complexity or up to 30 minutes total time): \$250
- Extended follow-up visit (high complexity or up to 45 minutes total time): \$300

Psychotherapy Add-Ons (in addition to medication management):

If your provider includes psychotherapy during a medication management visit, the therapy portion is billed separately in addition to the medication management fee.

- 30 minutes psychotherapy add-on: \$125
- 45 minutes psychotherapy add-on: \$175
- 60 minutes psychotherapy add-on: \$225

Total cost = medication management fee (based on MDM) + psychotherapy add-on fee (if provided).

What does "total time" mean?

Total time includes all the work your provider does on the day of your visit: reviewing your chart before you arrive, your face-to-face session, documenting afterward, coordinating care, and ordering labs or medications. It does not include work done on other days, services billed separately, or staff time.

Other Services:

- Prolonged service (each 15 minutes beyond scheduled time): \$50
- Interactive complexity (when needed for communication or special care needs): \$30
- Missed or late-canceled appointment: Full cost of the scheduled visit

Your actual bill depends on your insurance coverage, including copays, deductibles, and coinsurance. Lifespan Mental Health cannot balance bill you for the difference between our self-pay rates and contracted insurance amounts. All fees are subject to change with thirty (30) days' written notice. If you are unable or unwilling to pay the updated rate after notice is given, services may be terminated, and referrals to other providers will be offered. The Medical Professional will look to you for full payment of your account, and you are responsible for all charges. Different copayments are required by various insurance plans. Your co-pay may also differ between an intake and follow-up visit. Copays are due at the time of service. We recommend verifying your co-payment with your insurance company before your first visit. Please note, a full fee list is available upon request.

Mandated Reporting

Under Minnesota State Law, the Medical Professional is mandated to report suspected child abuse, or neglect or maltreatment of vulnerable adults. People who work with children, vulnerable adults and families are in a legal



and ethical position to help protect them from harm. These people may be required by law to report if they know or have reason to believe that a child or vulnerable adult is being abused or neglected. As a mandated reporter, the Mental Health Professional may be required to break confidentiality and report certain information to the appropriate authorities. Failing to report suspected child or vulnerable adult abuse can result in legal penalties, including fines and disciplinary action against the Medical Professional's license.

Risks of Services

There are no guarantees for services, and the Medical Professional does not make any guarantees with this agreement. You assume the risk of services by signing this form. The Medical Professional is not liable for any adverse reactions to the services. The Medical Professional may take any reasonable action necessary during services, when there is a dangerous circumstance, as determined by the Medical Professional. You agree to mitigate this risk by disclosing any and all relevant medical information to the Medical Professional.

After-Hours Emergencies

Please know that your Medical Professional and Lifespan Mental Health PLLC do not provide twenty-four (24) hour crisis or emergency services. Should you experience an emergency necessitating immediate medical attention, immediately call 911, or if you are able to safely transport yourself, go to the nearest hospital emergency room for assistance.

Listed below are Mental Health Crisis resources:

- Crisis Text Line: Text "MN" or "HOME" to 741741
- 988 Suicide & Crisis Lifeline: Call or text 988
- Wright/Sherburne/Stearns/Benton County: 320-253-5555/ 1-800-635-8008
- COPE Hennepin County: 612-596-1223.
- Meeker: 1-800-432-8781
- McLeod: 320-864-2713
- Anoka: 763-755-3801
- Mille Lacs: 1-800-523-3333
- Kandiyohi: (800) 432-8781
- Carver/Scott: 952-442-7601
- Ramsey: 651-266-7900
- Dakota: 952-891-7171
- Washington: 651-777-5222

For other area Mental Health Crisis Response resources, please copy and paste the links below in an internet browser the contact information for all counties across the state.

- Adults: <https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/resources/crisis-contacts.jsp>
- Children/Adolescents: <https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp>

The Minnesota Warmline: The Warmline provides a peer-to-peer approach to mental health recovery, support and wellness. Calls are answered by their team of professionally trained Certified Peer Specialists, who have firsthand experience of living with a mental health condition. The Warmline provides a safe, anonymous, and confidential environment to connect with people who are there to listen. Open 7 days a week from 9:00am-9:00pm. Call: 651.288.0400, or Toll Free: 877.404.3190 or text "Support" to 85511.



Lifeline Network: If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7 across the United States. 24/7 Call: 1-800-273-8255.

Poison Control: Call 800-222-1222, which is their 24-hour hotline for help with medication questions, such as questions about accidental overdoses, drug interactions or medication side effects.

Contacting Your Mental Health Professional

Your Medical Professional is not immediately available by telephone unless you have a scheduled telephone visit. This phone number is not a crisis line, or for urgent or emergency medical care. The office number, 763-200-1160, is occasionally answered by office staff during scheduled business hours otherwise calls are directed to our confidential voicemail that the administrative staff will monitor periodically throughout the day. Although the Medical Professional is typically in the office during normal business hours, she/he will not take calls when with a client. There is no guarantee on response times, and the best time for communication is at the next scheduled appointment. The administrative staff shall attempt to return a call within seventy-two hours. Depending on the complexity of your questions, you may be asked to schedule an office visit, if deemed appropriate by the Medical Professional.

E-Mail and Text Messages

The undersigned Medical Professional and Lifespan Mental Health PLLC does not use or respond to email or text messages to respond to medical concerns. Texts and emails related to your treatment or services through these electronic communications are not completely secure and confidential. Any service-related questions or issues will not be addressed by the Medical Professional via electronic communication but rather will be dealt with during your next session or secure messaging through your Osmind patient portal. Any electronic transmissions of information by you are retained in the logs of your service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the service providers. You assume the risks of the non-secure transmission.

We may use your phone number to send out-bound text messages for clinic-specific reminders or notifications, which you may opt out of at any time. By providing your mobile phone number to Lifespan Mental Health PLLC, you consent to receive text messages related to your care, including appointment reminders, clinic-related updates, and administrative communications. You may opt out of text messaging at any time by replying "STOP" to any message you receive. To re-subscribe, reply "START." Standard message and data rates may apply. Your SMS opt-in information will not be bought, sold, or shared. You may adjust notification settings in your Osmind account for notifications directed from them.

Boundaries

It is important for the Company to set boundaries with you. The Company works with individuals who may have behavioral situations that make it difficult for the Company to provide effective services. In addition, some individuals may have limited capacity to appreciate and understand specific services and proper consent, without additional individuals present or involved in the process. The Company reserves the right to make treatment decisions in its sole discretion, and you agree to hold harmless the Company and its agents for these decisions, regardless of whether they create inconvenience or treatment gaps for you.

To maintain professional boundaries and protect your privacy, your medical professional will not initiate contact or confront you in any public setting. This policy ensures that the confidentiality of the therapeutic relationship is upheld, and the professional maintains appropriate boundaries in all interactions outside of the office. If you, as the patient, initiate contact in a public setting, the medical professional may acknowledge the interaction but is not



obligated to engage in a conversation. The medical professional reserves the right to either respond to the contact or politely choose to ignore it, depending on the circumstances. This discretion is maintained to respect both the therapeutic relationship and your privacy. By adhering to these professional boundaries, we aim to ensure that your treatment remains confidential and that our interactions remain appropriate both in and outside of the clinical setting. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the Medical Professional.

Social Media

Your Medical Professional does not accept friend or contact requests, from current or former clients, on any social networking sites. Adding clients as friends or contacts on these sites can compromise confidentiality and privacy of both the Medical Professional and the client. It can also blur the boundaries of the professional relationship and is not permitted. Any attempt by a client to surreptitiously gain access to the Medical Professional's personal site(s) will cause termination of the services. Your Medical Professional does not accept friend or contact requests from current or former clients on any social networking sites. Adding clients as friends or contacts on these platforms can compromise confidentiality and privacy for both the Medical Professional and the client. It can also blur the boundaries of the professional relationship, which is why it is not permitted. Any attempt by a client to surreptitiously gain access to the Medical Professional's personal social media profiles will result in termination of services.

Additionally, we ask that you do not:

- Use public platforms to communicate about your treatment, as it compromises your confidentiality.
- Tag the Medical Professional or Lifespan Mental Health PLLC in any social media posts or comments.
- If you encounter Lifespan Mental Health, PLLC's social media accounts, any interaction should remain professional and limited to general inquiries. Under no circumstances will these platforms be used for clinical communication or to address personal health concerns.

This policy ensures that your privacy and confidentiality are upheld in all online interactions, and that professional boundaries are maintained at all times.

Conflicts of Interest

Mental health professionals avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by NOT performing evaluations for custody, residence, or visitation of the minor. Mental health professionals who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the mental health professional's perspective as a treating mental health professional, so long as the mental health professional obtains appropriate consents to release information.

Audio and Video Recordings

You acknowledge by signing this information and consent form below, that neither you nor the undersigned Medical Professional will record any part of your sessions. The exception is if you and the Medical Professional mutually agree in writing that the session may be recorded. You further acknowledge that the undersigned Medical Professional objects to you recording any portion of your sessions without the Medical Professional's written consent. You expressly agree that audio and video recordings used for security or training purposes are not part of services, and are therefore, not protected by confidentiality or any other provisions under this Agreement.



Consent for AI-Assisted Charting

At Lifespan Mental Health PLLC, we use AI-assisted technology to assist in the documentation of patient care, including progress notes and other clinical information. This technology enhances accuracy and efficiency in clinical documentation, but your privacy and confidentiality remain our top priority.

- The AI tool is used only for generating documentation and does not store or retain any patient information beyond the duration of the session.
- No patient-identifiable information is stored within the AI system.
- All data used by the AI tool is anonymized and encrypted during the process to ensure that your personal information is protected.
- You have the right to ask questions or request further clarification about how AI is used in your care. You also have the right to decline the use of AI-assisted charting, in which case traditional charting methods will be used.
- By signing this consent form, you acknowledge that you understand the use of AI-assisted charting at Lifespan Mental Health PLLC and consent to its use during your treatment.

Patient Forms

At Lifespan Mental Health, PLLC, we are happy to assist with completing brief forms such as work excuse notes or school medication administration notes. However, any forms requiring more detailed information, such as FMLA forms, disability paperwork, or other complex documents, will require an office visit. This visit is necessary to review the details of the form and ensure that all information provided is accurate and appropriately reflects the patient's condition. This policy helps us maintain the accuracy and integrity of the information provided while ensuring that we stay focused on your treatment.

- Office Visit Required: For any forms beyond brief documentation (e.g., work notes), an in-person or telehealth visit must be scheduled to review and complete the form.
- No Disability Evaluations: Please note that we do not conduct disability evaluations. Disability evaluations require an objective, third-party assessment, which can conflict with the therapeutic relationship between a patient and their provider. Our focus is on maintaining the integrity of your treatment, which could be compromised by performing such evaluations.
- Timeliness: Please bring forms to your scheduled appointment or ensure they are sent to the office in advance to allow time for review.

Subpoenas

At Lifespan Mental Health, PLLC, it is the goal of the Medical Professional to protect the confidentiality of your records; however, there may be circumstances where disclosure of your records or testimony is required by law. If your records or the Medical Professional's testimony are requested by you or compelled by law, you will be responsible for all associated costs. The Medical Professional charges a one-time fee of \$2000.00 plus an hourly rate, currently \$450 per hour for a minimum of 3 hours, for time spent traveling to and from the court, reviewing records, preparing for testimony, waiting at the location, and providing testimony. Payment for these services is required at the time of the request or before the testimony is given. In some cases, a deposit may be required to cover anticipated court appearances and preparation. No pro-rated refunds will be issued if the court appearance or testimony is canceled or delayed. In the event the Medical Professional receives a subpoena, regardless of who is responsible for issuing it, the same rates and policies will apply. If you request the Medical Professional's involvement in legal matters, you will be responsible for all associated fees.



Legal

This Agreement shall be construed in accordance with, and governed by, the laws of the State of Minnesota as applied to contracts that are executed and performed entirely in Minnesota. The exclusive venue for any court proceeding, based on or arising out of this Agreement, shall be the county of the medical office address. The parties agree to attempt to resolve any dispute, claim or controversy arising out of or relating to this Agreement by arbitration, which shall be conducted under the then current arbitration procedures of the American Arbitration Association, any other procedure upon which the parties may agree. The parties further agree that their respective good faith participation in arbitration is a condition precedent to pursuing any other available legal or equitable remedy, including litigation, arbitration or other dispute resolution procedures. If any legal action, arbitration, or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any of the provisions of this Agreement, Lifespan Mental Health PLLC and the Medical Professional, shall be entitled to recover legal fees and other costs incurred in that action or proceeding. This will include lost revenue, in addition to any other relief to which it or they may be entitled. You release Lifespan Mental Health PLLC and the Medical Professional from any good faith refusals of medical records as allowed by law.

Lab Work and Medical Clearance

The Medical Professional may request lab work or further medical evaluation regarding a patient's status as part of their care. Some psychiatric medications require urgent or routine lab monitoring for best practices and patient safety. There are circumstances where psychotropic medications carry additional risks for individuals, depending on their medical status. Patients will be notified if they are required to have lab work, or further medical evaluation, prior to any new or ongoing prescription refills as directed.

Lifespan Mental Health PLLC does not perform laboratory services. Patients will have a lab slip uploaded to their patient portal or upon request, it can be printed in the office. Lab work or additional medical evaluations may or may not be covered by insurance, and patients are responsible for confirming coverage with their insurance company.

Because Lifespan Mental Health is an independent practice and not part of a larger health system, records are not automatically shared. Patients are responsible for notifying the Medical Professional of any significant medical updates and for completing recommended lab work or evaluations in a timely manner. Failure to provide this information may limit or delay treatment recommendations and prescribing in order to maintain patient safety.

Prescription Refills

At Lifespan Mental Health, PLLC, we aim to ensure that your prescription needs are managed responsibly and effectively. For routine medications, please request refills at least 5–7 days before your medication runs out to allow sufficient time for processing. While the Medical Professional strives to refill medications as promptly as possible, certain factors such as pharmacy supply or pharmacy operations may affect how quickly you receive your medication.

Please check with your pharmacy to see if there are other active prescriptions on file. Even if the prescription label says zero refills, the pharmacy may have another prescription on file, so it is recommended to check with them first before contacting our office. Ongoing refills require that you remain up to date with recommended follow-up appointments. The Medical Professional may provide only a limited supply or decline refills if you have missed or delayed required visits, as monitoring is essential for your safety.



Transfer of Care

Lifespan Mental Health, PLLC may recommend a transfer of your care, if deemed necessary and appropriate for your treatment, or if you request a transfer as a patient. Patients will be given a written notice of the request to transfer, and it will include the following: The reason for the transfer of care, instructions on how to request records to be transferred, and referrals to other clinicians or programs.

Termination of Treatment Relationship

The undersigned Medical Professional may set boundaries on the treatment relationship, including interactions and communications, and may discontinue services for good cause. Good cause may include, without limitation: repeated missed or late-canceled appointments; failure to pay agreed-upon fees or deposits in accordance with this Agreement; consistent refusal to follow treatment recommendations such that your needs would be better met elsewhere; behaviors that threaten the safety of staff or violate professional boundaries; or determination that a higher level of care is clinically appropriate.

If services are terminated, you will be notified, provided an explanation, and offered referrals to other clinicians or programs to support continuity of care. When clinically appropriate, the Medical Professional may provide up to 30 days of prescription coverage to allow you time to transition to another provider. This does not apply in cases where continuation of medication would be unsafe, contraindicated, or inconsistent with professional judgment. After this transition period, no additional refills will be provided, and it is your responsibility to establish care with another prescriber.

This process is designed to protect your safety and ensure that your treatment needs are met. Any deposit remaining in your account will first be applied to unpaid charges. Any surplus will be refunded promptly. You always have the right to question or decline treatment recommendations, and doing so will not, by itself, result in termination. However, if ongoing refusal prevents the Medical Professional from providing safe and effective care, transfer to another provider may be recommended.

Medical Professional's Incapacity or Death

You acknowledge that, in the event the undersigned Medical Professional becomes incapacitated or dies, it will become necessary for another Medical Professional to take possession of your file and records. By signing this information and consent form below, you give consent to allow another Licensed Medical Professional, selected by the undersigned Medical Professional, to take possession of your file and records and provide you with copies upon request, or to deliver them to a Medical Professional of your choice. The undersigned Medical Professional will select a successor Medical Professional within a reasonable time and will notify the appointed Licensed Medical Professional.

Custody and Parental Consent Policy for Child and Adolescent Patients

At Lifespan Mental Health, PLLC, we prioritize the well-being and privacy of all our patients, including children and adolescents. When treating minor patients with divorced or separated parents, it is important to clarify that the Company is not responsible for determining the specifics of custody arrangements or parental consent. The responsibility for ensuring proper consent for treatment falls to the parent or guardian who initiates treatment for the child. By initiating treatment, the parent or guardian confirms that they have the legal right to consent to medical and mental health care for the child. The Company will not intervene in custody disputes or verify custody arrangements unless a legal document (such as a custody order or court agreement) is provided.



Please be aware of the following:

- Parental Consent: We assume that the parent or guardian initiating treatment has the legal right to do so. It is the responsibility of the parent(s) to communicate with each other regarding the child's treatment if required by their custody agreement.
- High-Conflict Families: In the event of a high-conflict situation between separated or divorced parents or guardians, both parties must sign a Safe Harbor Agreement. This agreement is designed to ensure that the therapeutic environment remains focused on the child's well-being, and not on parental disputes. The Safe Harbor Agreement affirms that treatment decisions are made solely for the child's health, and parents agree not to involve the clinic in conflicts that could jeopardize that purpose.
- Disagreements Between Parents: If a disagreement arises between parents regarding the child's treatment, we ask that it be resolved before services are initiated or continued. The Company will not take sides in parental disputes and reserves the right to pause or discontinue treatment until a clear agreement between parents is reached.
- Court Custody Orders: If custody arrangements or parental rights are outlined in a legal document, it is the responsibility of the parent or guardian that initiate services for their child to provide the Company with the appropriate documentation prior to the start of treatment.

Protection of Child/Adolescent Wellness

Under no circumstances will the Company release documentation that could jeopardize the mental health or overall wellness of the child or adolescent patient. All decisions regarding the release of documentation will be made with the patient's best interest in mind, and any such requests will be evaluated carefully to ensure that they do not harm the therapeutic process or the child's well-being. By signing our consent form, you acknowledge that Lifespan Mental Health, PLLC is not responsible for verifying custody arrangements or resolving parental disputes. The Company's role is to provide mental health care for the child in a professional and confidential manner, based on the legal consent provided by the parent or guardian who initiates treatment.



Consent to Mental Health Services

- I, voluntarily, agree for my child to receive Medical assessment, care, treatment, or services, and authorize Company to provide such care, treatment, or services as are considered necessary and advisable.
- I understand and agree that I will participate in the planning of my child's care, treatment, or services, and that I may stop such care, treatment, or services that my child receives through Company at any time.
- I understand that my child is not guaranteed a positive outcome. I agree to follow the agreed upon treatment plan for my child, and to inform the Medical Professional at Lifespan Mental Health PLLC if I alter my child's treatment plan, if my child experience side effects, or if my child ceases to follow their recommended treatment plan.
- By signing this Child/Adolescent Information and Consent form I, the undersigned client's parent/guardian, acknowledge that I have read, understood, and agreed to be bound by all the terms, conditions, and information it contains. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.
- I acknowledge that I received a digital copy of this signed information and consent form from Lifespan Mental Health, PLLC on the date listed below:

Parent/Guardian Name: _____

Patient/Guardian Signature: _____ Today's Date: _____

Parent/Guardian 2 Name (If client is a minor and parents are separated): _____

Patient/Guardian 2 Signature: _____ Today's Date: _____