



Treatment Information for Minors and Parents/Guardians

Washington law gives adolescents age 13 and older complete confidentiality and autonomy with regards to mental health treatment. This means that patients 13 and older are able to receive medication and treatment *without* the knowledge or consent of their legal guardian. The patient must give permission for the provider to share any information, even with parents/guardians, except for in specific circumstances. Healthcare providers may disclose information, without consent, when there is concern that the patient may act on suicidal or homicidal thoughts, and we are required to report to the authorities suspected neglect, exploitation, or physical/sexual abuse of a minor or vulnerable adult.

Parents/guardians:

1. Treating children of any age may involve working with one or more parent/guardian, as well as siblings, stepparents, grandparents, or other caregivers. It is not practical for your child's provider to give updates to multiple people after each appointment, so it is helpful if one parent/guardian can serve as a primary point of contact and then communicate with others involved.
2. For parents who share custody of a child under the age of 13, you are obligated to inform your child's provider if one parent has legally been given full rights to make healthcare decisions for your child.
3. For parents of children under 13, your presence at appointments is important. You have the right to be present any time your child is with his or her provider, but often more progress is made when children are given an opportunity to speak privately with their provider.
4. For parents of teenagers 13 and older, though you are most likely financially responsible for payment, the provider is not able to discuss any aspect of your child's treatment without his or her written consent.
5. Your adolescent can independently consent to the use of medication(s).
6. Parents worry when their child is struggling and even more so when they feel they do not have enough information about their teen's diagnosis or treatment. Often, adolescents do not mind disclosing this information to parents but wish to keep other details private. Some adolescents elect to disclose all information, others none at all. We encourage communication between all parties and will try to assist in building communication, but please respect that it is normal for adolescents to have a higher need for privacy.
7. The provider is required to disclose imminent risk of suicide or homicide as well as current neglect or physical/sexual abuse of a minor or vulnerable adult.
8. **As minors cannot legally consent to financial policies, by signing below, you are agreeing to all related policies as noted in the general office policies.**



Spectra Integrative Psychiatry

Dr. Lee Moore, ARNP, PMHNP-BC
2105 112th Ave NE, Ste 201
Bellevue, WA 98004

Adolescents:

- If you are 13 or older, you are entitled to the same privacy rights as an adult. Our conversations are private. I am not able to discuss *any* information with your parents or guardians without your written consent, *except* in the following circumstances:
 - Your provider is obligated to tell someone if you intend to harm yourself or another person;
 - Your provider is obligated to tell someone if you are being abused;
 - Your provider is obligated to tell someone if you are abusing a minor or vulnerable adult.
- Sharing information with your parents/guardians is not an all or none decision. You can choose to let your provider share information about some topics but not others. Parents/guardians often want to know your diagnosis and information about what treatment/medication your provider recommends, and at times I may suggest that you talk to your parent/guardian about our session, but you have the right to say no.
- Please note that if a parent/guardian is paying for your treatment or transporting you to appointments, you will need to at least give your provider permission to speak to them about billing and scheduling details.

Parent or Guardian:

By signing here, I am indicating that I have read the above statements and understand my rights as a parent or guardian. (Leave this portion blank if patient is an adolescent seeking care of their own regard.)

X _____ Date: _____

Parent/guardian name: _____

Patient:

By signing here, I am indicating that I have read the above statements and understand my rights as a patient aged 13 or older.

X _____ Date: _____

Patient name: _____