



Minor Treatment Consent Form

Please read carefully then sign and date on the last page.

By electronically signing this form, I verify that I understand and voluntarily accept all terms, conditions, services, practices, and policies. I voluntarily consent to psychiatric and/or mental health services provided by Kopas Mental Health providers for my child. I understand and accept the scope of services, session structure, cancellation policy, no-show policy, contact information, and the use of technologies to provide treatment for my child. I also confirm that I understand and voluntarily agree to the following.

Medication Management

- I understand that my child's prescriber of record will also ask me to provide voluntary verbal consent for any new medications, medication changes, and/or the discontinuation of medications before they are ordered. Such verbal consent confirms that information about my medications was explained to my satisfaction and will be binding as noted in my health record.
- I understand psychotropic medications may have risks that include side effects, age related risks, risks related to medication interactions, rare and potentially life-threatening side effects, as well as fetal risk for pregnant women. If my child is female and has a possibility of pregnancy, I understand that I must tell my child's provider immediately to assess the risks and benefits of taking my prescribed medications.
- I acknowledge my right to refuse any medication dose or withdraw my consent for my child's medications at any time.
- I understand some providers may be under supervision by another provider as required by law. I may find additional information about my child's provider's supervision status anytime by asking at the time of service.
- I understand that I may revoke consent and thereby cancel my child's treatment at will.
- I understand that I am required by federal law to schedule an in-person visit before my child can be prescribed any controlled substance including Schedule II medications (Adderall, Vyvanse, Ritalin, etc.), and Schedule IV medications (Xanax, Klonopin, Ativan, etc.).

Medication Refills

- I understand that I am responsible for scheduling and/or rescheduling necessary follow ups as directed by my provider. These follow-ups allow for the appropriate evaluation of medication effectiveness, potential side effects, and overall safety.

- During scheduled appointments, my provider will prescribe enough medication to last at least until my child's next recommended appointment. If I do not follow up as recommended, I may request an additional 15-day prescription to last until my child can be seen by a provider. It is my responsibility to schedule the recommended follow-up accordingly to continue treatment.
- I am aware that Schedule II medications (Adderall, Vyvanse, Ritalin, etc.) legally require follow-ups at least every 90 days and cannot legally be prescribed without compliance.
- I understand that extensive use of Schedule IV medications (Xanax, Klonopin, Ativan, etc.) is unhealthy and can worsen my child's symptoms. Except in specific situations, it is the policy of Kopas Mental Health to begin decreasing the dosing of these medications after 90 days of use. I am responsible for following up every 90 days to manage these medications.

Scheduling Appointments, Cancellations, and No-Shows

- I understand I am responsible for self-scheduling my child's appointments using the client portal and for my child attending all appointments.
- I understand that my child may not be able to receive care in a timely manner if I do not schedule and maintain appointments in advance.
- I understand my child's appointments will be canceled and I will be asked to reschedule if I do not pay my balances when they are due, fail to have a valid payment card in my account, or fail to have my child complete required documentation within my client portal on time.
- I will give more than 48 hours notice of any appointment cancellations or rescheduling. If notifying less than 48 hours prior to my appointment, I agree to be charged a **\$75 late cancellation fee**.
- My child will attend all appointments scheduled, otherwise I agree to be charged a **\$75 no-show fee**.

Telehealth

- Technical issues could affect a session if there is a poor connection or non-functioning equipment. I understand that I must have a quality connection and quality equipment to engage in telehealth sessions and I must test my connection and device prior to all sessions.
- I understand that I am responsible for privacy related to the technologies that I use to connect with Kopas Mental Health services, including email, client portal, phone, and text messaging, and that I must password-protect those technologies to increase the security of my child's information.

Discharge

- I understand that my child may be immediately discharged if their behavior is a threat to my child's provider(s), Kopas Mental Health employees, and/or the property of Kopas Mental Health.
- I understand that having psychotropic medications prescribed to my child by a non-Kopas Mental Health provider or without notifying my child's provider, except in a psychiatric urgency or emergency, may result in immediate discharge and end patient-provider relationships.
- Upon discharge, I understand that I will be given a list of alternate providers in my area from which I may choose a new provider for the continuation of my child's psychiatric care. I understand I am free to choose another provider that is not on the referral list and that I am responsible for making appointments immediately to prevent gaps in my child's care.

Emergency Services

Kopas Mental Health does not provide emergency services. If you find yourself or a family member in a life-threatening situation, call 911, go to an emergency room (at your cost), or utilize another available community resource such as the following:

Emergency Phone Lines

- Colorado Access Line: (844) 493-8255 or text 38255
- National Suicide Hotline: (800) 273-8255
- National Youth Crisis Helpline: (800) 999-9999

Emergency Walk-In Clinics

- **Wheat Ridge Walk-In Crisis Services** 4643 Wadsworth Blvd Wheat Ridge, CO 80033
- **Boulder Walk-In Crisis Services** 3180 Airport Road Boulder, CO 80301
- **Littleton Walk-In Crisis Services** 6509 S Santa Fe Drive Littleton, CO 80120
- **Denver Walk-In Crisis Services** 4353 E Colfax Avenue Denver, CO 80220
- **Health Solutions** 1032 Chinook Lane Pueblo, CO 81001
- **Aurora Walk-In Crisis Services** 2206 Victor Street Aurora, CO 80045
- **AspenPointe** 115 S Parkside Dr Colorado Springs

I CONFIRM THAT I HAVE READ, UNDERSTAND, ACCEPT, AND AGREE TO THE TERMS AND CONDITIONS EXPLAINED IN THIS DOCUMENT. I AGREE THAT MY ELECTRONIC SIGNATURE PROVIDED HEREIN IS AS EQUAL AND VALID AS MY WRITTEN SIGNATURE.

Patient Name (please print): _____

Guardian Name (please print): _____

Guardian Signature: _____

Date: _____