Ref.:405 ILCS 5/3-501

OUTPATIENT APPLICATION FOR MINORS 12 AND OVER

Date of application: _____ Facility: _____

Name: _____ Birth Date: _____

I am a minor 12 years of age or older and request outpatient services from this facility. I understand that I am entitled to not more than 5 sessions, each lasting no longer than 45 minutes without the consent of my parent, guardian or person in loco parentis:

I also understand that the facility may not inform my parent, guardian, or person in loco parentis of this service without my consent, unless the facility director thinks it is necessary. If the facility director or designee intends to disclose the fact of counseling or psychotherapy, the facility director or designee must inform me prior to or at the time of parental/guardian notification.

I further understand that my parent, guardian, or person in loco parentis will not be liable for the cost of outpatient services that I receive without his or her consent.

Signed: _____

Printed Name: _____

Signature witnessed by: _____

OUTPATIENT COUNSELOR: Fill in the date of each session and place your initials after it.

First _____ Second _____ Third _____

Fourth _____ Fifth _____

☐ I have requested and received 5 sessions of counseling or psychotherapy as an outpatient. Therefore, I give the facility permission to notify my parent, guardian, or person in loco parentis of my desire to continue, so that the facility may obtain his or her consent.

Signed: _____

Printed Name: _____

Date: _____

Signature witnessed by: _____

I have been informed by the facility of my child's (ward's) recent outpatient service and of the minor's desire to continue.

Signed: _____

☐ I consent

Relationship: _____

☐ I do not consent

Date: _____

☐ I have received no more than 5 sessions of counseling or psychotherapy as an outpatient. I do NOT want my parent, guardian, or person in loco parentis to be notified, and therefore I choose not to continue such sessions.

Signed: _____ Date: _____

Signature witnessed by: _____

A copy of this form was provided to the individual or his or her authorized representative in:

☐ English ☐ Spanish ☐ Other (specify): _____

by _____ _____ on _____ .

(name) (title) (date)

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