



## CONFIRMATION OF MEDICAL DECISION-MAKING (MDM) FOR A MINOR CHILD

Form must be completed for all persons seeking treatment age 17 or younger.

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

<b>Client Name:</b> _____	<b>Date of Birth:</b> _____
I, _____, state and attest that I may legally consent to medical, mental health and/or substance abuse treatment for the above listed minor child under the following authority:	
<input type="checkbox"/> Self (at least 15-years-old for any mental health or SUD services)	<input type="checkbox"/> Biological or Adoptive Parent
<input type="checkbox"/> Self (at least 12-years-old for psychotherapy services)	<input type="checkbox"/> Guardian/Legal Custodian/Other
	<input type="checkbox"/> Department of Human Services

### Divorce Proceedings or Other Legal Proceedings

Have there been any legal proceedings or actions that have affected the decision-making authority regarding the minor child, including but not limited to: divorce proceeding, legal separation proceeding, paternity proceeding, termination or limitation of parental rights, or an assignment of legal custody/guardianship?

YES       NO

### Documentation

The person signing this statement should attach documents verifying their legal authority to make medical decisions for the minor child, unless the person signing is the child or if the person signing is the biological or adoptive parent of the child and there have been no legal proceedings or actions that have affected their decision-making authority regarding the minor child.

Parent/Guardian/Client Signature: _____	Date: _____
Parent/Guardian/Client Print Name: _____	
Relationship to the Child: _____	
Parent/Guardian/Client Signature: _____	Date: _____
Parent/Guardian/Client Print Name: _____	
Relationship to the Child: _____	
<i>A signature is required for the information on this form to be considered valid.</i>	

**Please return completed form to SummitStone Health Partners Attn: Access Center**  
1250 N. Wilson Ave. Loveland, CO 80537 • Fax (970) 300-3118 • Phone: (970)  
494-4200 [SUMMITSTONE\\_ACCESS\\_CLINICIANS@SummitStonehealth.org](mailto:SUMMITSTONE_ACCESS_CLINICIANS@SummitStonehealth.org)