



Columbia Community Mental Health
Minor Consent Addendum – Minor Seeking Health Services

This document is to inform you on your rights and CCMH's business practices as it relates to providing behavioral healthcare services to a minor seeking these services without the signature of a parent or legal guardian.

Mental Health and Addictions Treatment:

Under Oregon Revised Statute (ORS) 109.675 a minor who is at least 14 years old may consent to their own outpatient mental health or additions related treatment. This may include any of CCMH's outpatient mental health and additions services. You parent or guardian is not liable for payment and will not be billed.

Confidentiality:

CCMH will work with you independently, and will discuss at what point in your treatment it might be appropriate to involve your parent or guardian. CCMH is required to involve your parent or guardian in your treatment at the earliest appropriate opportunity unless one or more of the following circumstances apply:

1. Your parent or guardian refuses involvement.
2. Involving your parent or guardian would be detrimental to your health and contrary to your treatment plan.
3. You report sexual abuse by a parent or guardian
4. You can show us you have been emancipated or separated from your parent or guardian for a period longer than 90 days.

Consent:

As a minor person under the age of 18, I elect to receive services from Columbia Community Mental Health (CCMH) given all of these terms and conditions. I understand that I can withdraw this consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled. I understand that CCMH may terminate eligibility to participate in services without affecting my right to future care, services, or program benefits to which I would be otherwise entitled to.

Signature:

I, _____, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to you. I understand that, by signing this form, I am confirming my consent.

Signature: _____

Date: _____