

**Columbia University Clinic for Anxiety and Related Disorders
Minor Child Custody Information Form**

The following form should be completed by at least one parent or guardian who is legally authorized to consent to mental or medical health treatment for his or her minor child. In case of divorce or guardianship, please refer to relevant court documents or consult with your attorney before completing this form.

Child's name:

Parent name (Circle: Mother/Father):

Parent name (Circle: Mother/Father):

Please indicate, are the child's parents legally married? Yes or No

If you answered yes to the above question (parents are legally married), you do not need to complete the rest of this form. You may print, sign and date this form, and give it to your clinician.

If you answered no to the above question (parents were never married, are separated, or divorced), please circle the answer to the following:

Do both parents have the legal authority to consent to the medical and/or mental health treatment of this child? Yes or No

If you answered yes to the above question, both parents will be required to sign consent for assessment and treatment. Please contact our Associate Director, Dr. Sandra Pimentel, with any questions.

If only one parent has legal authority over medical and/or mental health decisions, please sign this form. Please attach copies of the relevant sections of the medical/mental health decision-making stipulation or other documentation of custody to this form.

Signature

Date

Name (Please Print)

Relationship to Minor Child

Signature

Date

Name (Please Print)

Relationship to Minor Child