CONSENT AUTHORITY TEMPLATES

Consent Authority Attestation

Collected when a family reports two households, differing last names, or any court involvement — before anything is sent out for signature.

Client name _____ **Date of birth** _____

Person completing this form _____ **Relationship to client** _____

HOUSEHOLD AND CUSTODY STATUS

- ☐ The client's parents live in the same household and both may consent.
- ☐ The client's parents live separately. A custody order or parenting plan is in effect. A copy is attached.
- ☐ The client's parents live separately. No court order is in effect.
- ☐ I am the client's court-appointed guardian. A copy of the order is attached.
- ☐ The client is in the custody of a state agency. Agency information is recorded on the following page.

ATTESTATION

I attest that I hold the legal authority to consent to health care for the client named above, that the documents I have provided are true and complete copies, and that no court order limits my authority to consent to or to receive records about this client's care.

I understand [PRACTICE NAME] relies on this attestation in accepting consents and in deciding who may receive information about this client, and I will notify the practice in writing within [NUMBER] days if any of it changes.

WHO ELSE MAY RECEIVE INFORMATION

Name _____ **Relationship** _____

Name _____ **Relationship** _____

> A parent without decision-making authority may still be entitled to records in many states. Do not assume the custody order settles both questions — read what it says about each.

Parent / guardian signature _____ Printed name _____ Date _____

Relationship to client _____ Phone _____ Email _____

CONSENT AUTHORITY TEMPLATES

Authorized Representative Designation

For when the person handling intake is not the parent or guardian — a grandparent, a family friend, or a care manager.

Client name _____ **Date of birth** _____

Parent / guardian making this designation _____ **Relationship to client** _____

DESIGNATION

I designate the person named below as my authorized representative for the client above, for the purposes I have checked. This designation does not transfer legal guardianship and does not authorize consent to treatment unless I have checked that box.

Representative name _____ **Relationship to client** _____

Phone _____ **Email** _____

SCOPE

- ☐ Complete intake paperwork and provide documents on my behalf
- ☐ Speak with our health plan about eligibility, benefits, and authorizations
- ☐ Receive scheduling communication and coordinate appointments
- ☐ Receive clinical information and progress updates
- ☐ Consent to assessment and treatment on my behalf

DURATION AND REVOCATION

This designation is effective from [DATE] until [DATE OR EVENT], and I may revoke it at any time in writing to [PRACTICE NAME]. Revocation does not apply to anything already done in reliance on it.

Parent / guardian signature _____ Printed name _____ Date _____

Relationship to client _____ Phone _____ Email _____

CONSENT AUTHORITY TEMPLATES

Foster Care & Agency Consent Record

For a child in state custody, where the person calling is often not the person who can consent.

Client name _____ **Date of birth** _____

Date of placement _____ **Placement type** _____

WHO HOLDS CONSENT AUTHORITY

- ☐ The placing agency holds authority to consent to health care.
- ☐ A parent retains authority to consent. Contact information recorded below.
- ☐ A court order governs consent. A copy is attached.
- ☐ The resource / foster parent may consent to routine care within limits described below.

Agency _____ **Case number** _____

Caseworker name _____ **Caseworker phone** _____

Caseworker email _____ **Supervisor (backup contact)** _____

LIMITS AND INSTRUCTIONS

Limits on consent, records, or contact

_____

_____

_____

RESOURCE / FOSTER PARENT

Name _____ **Phone** _____

Address _____ **Email** _____

> Placements change, sometimes without notice to the provider. Re-confirm the caseworker and the consent authority on a set cadence rather than only at intake.

Recorded by _____ Title _____ Date _____