

*\*\*\*Complete this form only if the patient is a minor or an adult dependant\*\*\**  
**AUTHORIZATION FOR EVALUATION AND TREATMENT OF MINORS AND ADULT DEPENDANTS**

**PLEASE PROVIDE US WITH YOUR DRIVER'S LICENSE**

I certify that I am the parent or legal custodial guardian of \_\_\_\_\_ who is a minor or adult dependant.

\_\_\_\_\_  
(Date) (Signature)

-----  
I authorize HealthQuest to conduct an evaluation on \_\_\_\_\_. Such an evaluation may include, but is not limited to personal interviews, psychological tests, review of treatment records, and other generally accepted practices in the field of mental health.

**AND/OR**

I authorize HealthQuest to provide mental health treatment to \_\_\_\_\_. Such treatment may include, but is not limited to individual psychotherapy, group treatment, medical management, family therapy, or specialized therapeutic procedures, which are generally accepted in the field of mental health.

\_\_\_\_\_  
(Date) (Signature)