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[www.behavioralwellnessgroup.com](http://www.behavioralwellnessgroup.com)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

As the parent or legal guardian with the authority to consent on behalf of the minor child named above, I hereby give my consent for the minor to seek counseling, psychotherapy, psychological assessment and/or psychiatric care from the professional staff associated with or employed by The Behavioral Wellness Group.

The mental health provider responsible for the care, \_\_\_\_\_,  
(Clinician's Name)

Explained to me the proposed treatment plan, the general nature and extent of the risks involved in the treatment, and alternative treatment options, if any. However, treatment will be not delayed if any emergency exists. This consent will be valid until the minor reaches the age of 18, but can be revoked at any time by written notification

In 2024 the Ohio Legislature passed House Bill 68 addressing mental health treatment of minors who present with gender, gender dysphoria, or gender-related concerns. This legislation requires that I screen for other mental health issues such as, but not limited to depression, anxiety, attention deficit hyperactivity disorder, autism spectrum disorders, and other disorders that may be of concern. The legislation also requires permission from one parent or custodian to treat gender, gender dysphoria, or gender-related concerns. By signing this agreement, consent is given to treat gender-related concerns. If you wish to discuss this further, we can address the parameters of psychological treatment of your child during the diagnostic session and amend this treatment agreement as may be necessary.

Any questions relating to this form or the proposed treatment can be directed to The Behavioral Wellness Group at 440-392-2222.

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

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