



Behavioral Health

Consent to Treat a Dependent Minor Procedure

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Purpose To establish uniform procedures for staff to ensure appropriate consents are obtained for providing behavioral health treatment services to dependent minors.

Dependent Consent Procedure Consent for dependents of the courts differ from non-dependent minors:

- In most cases, the right to consent for behavioral health treatment is held by the biological or adoptive parents for children under twelve (12).
- The standing order of the presiding judge of the San Bernardino County juvenile court authorizes the CFS Director or the Director's delegate to authorize appropriate behavioral health services for foster youth.
- Consistent communication with the involved CFS staff is expected throughout treatment.
- Reasonable diligence is expected when attempting to contact the biological parent to facilitate their participation as appropriate in treatment.
- The standing court order allows for a Supervising Social Services Practitioner (SSSP), or higher, to consent for behavioral health treatment.
- It is the expectation whenever appropriate the parents and guardians will be involved in the provision of behavioral health services.
- The standing order does not remove the biological or adoptive parent's rights to consent for treatment; therefore, services may be provided based on the informed consent with the parents.
- A minor, including a dependent of the court, is legally permitted to consent to outpatient behavioral health treatment, if the minor meets both of the following requirements:
 - Age 12 or older (minor must be 16 or older to provide consent for replacement narcotic abuse treatment that uses buprenorphine), and
 - Mature enough to participate intelligently in the treatment.
- If a minor has consented to their own treatment, an Authorization to Release Information form (COM001) must be completed and signed by minor before sharing Protected Health Information (PHI) with parents, guardians or other individuals or entities.
- It is the expectation of the law that a minor accessing behavioral health services will do so within the context of their significant family relationships.

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Consent to Treat a Dependent Minor Procedure, Continued

Dependent Consent Procedure,
continued

- It is the exception that a child may access behavioral health services without parent or guardian involvement and not done for the convenience of the parent or guardian.

Note: Parents or Legal Guardians are to be involved in outpatient behavioral health treatment of a minor unless, in the opinion of the juvenile court, the treating professional person and/or the consenting minor, the involvement would be inappropriate. Parent/Legal Guardian involvement must be re-evaluated on an ongoing basis.

Step	Action	
1	Determine who has the legal right to consent to outpatient behavioral health treatment of the dependent minor.	
	If...	Then...
	CFS SSSP has signed consent for treatment	Ensure ongoing communication with involved CFS caseworker and parent as appropriate.
	Biological /Adoptive parent has the right to consent to outpatient behavioral health treatment and that right has not been terminated by Court Order. Note: Biological /Adoptive parent may not have actual physical custody but retains right to consent to outpatient behavioral health treatment.	Have Biological /Adoptive parent sign the Consent for Dependent Outpatient Treatment form (COM004.1) .
Biological /Adoptive parent rights have been terminated.	CFS SSSP signs CFS forms COM004.1 and do not seek consent from parent.	
2	If the CFS Social Worker has obtained the biological parent's signature for consent for treatment, then clinician should contact biological parent to ensure informed consent is obtained. Note: This is an option, and if CFS elects to have the parent sign for consent, then DBH staff shall respect this authorization and engage with parent in a manner consistent with them consenting for treatment.	

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Consent to Treat a Dependent Minor Procedure, Continued

Dependent Consent Procedure, continued

Step	Action
3	<p>If after reasonable diligence the provider is unable to obtain the signature of the parent, then additional options should be considered. These options include:</p> <ul style="list-style-type: none"> • Consult with CFS Social Worker and indicate that utilization of the standing court order for consent to treatment may be needed; • Evaluate if an adult in home is a "qualifying relative" and use Caregiver Affidavit, and • If client is 12 years of age or older, consider if client is appropriate to consent for own treatment. <p>Note: Having the minor consent for own services should not be done for the convenience of the parent, guardian or CFS worker.</p>

Billing

The following billing advisement is applicable when minor is a foster child:

- Services may be billed to Medi-Cal when it is verified by CFS the child is a dependent child (foster child). The requirements of this verification process are unspecified, verification process should be thoroughly documented in the chart.

Referenced Forms, Policies, and Procedures

DBH Standard Practice Manual and Departmental Forms:

- Consent for the Treatment of Minors Policy (CHD0316)
- Consent to Treat a Minor Procedures for Parents/Legal Guardians (CHD316-1)
- Authorization and Designation Pursuant to the LPS Act (CLP0818)

PDD Publications Portal

- Consent for Dependent Routine Outpatient Treatment (COM 004.1/CFS)

Reference(s)

- [AB816 Minors: Consent to Medical Care](#)
- [California Code of Regulations](#), Title 15, Sections 1430, 1432, 1434
- [California Codes](#):
 - [Civil Code, Section 56.106](#)
 - [Family Code Sections](#) 6550, 6552, 6910, 6929
 - [Health and Safety Code Section](#), 124260(b), 123115(a)(2)
 - [Probate Code Sections](#) 2353, 2356
 - [Welfare and Institutions Code Sections](#) 300, 357, 361, 362, 366.27, 369, 705, 711, 712, 739, 741, 5003, 5326.8, 5350, 5585, 6000, 6002, 6004, 6552