



14000 Crown Court,  
 Ste. 101  
 Woodbridge, VA 2219  
 Ph # 703-396-7215  
 Fx # 571-364-8915

6611 Jefferson St,  
 1<sup>st</sup> Floor  
 Haymarket, VA 20169  
 Ph # 571-921-4812  
 Fx # 703-743-1688

6800 Backlick Road  
 Ste. 300  
 Springfield, VA 22150  
 Ph # 703-310-7449  
 Fx # 571-282-4559

19415 Deerfield Ave  
 Ste. 101  
 Lansdowne, VA 20176  
 Ph # 703-659-1433  
 Fx # 703-723-7222

20 Rock Pointe Ln  
 Ste. 201  
 Warrenton, VA 20186  
 Ph # 703-659-9847  
 Fx # 540-935-2418

3800 Fetter Park Dr  
 Ste. 103  
 Dumfries, VA 22025  
 Ph # 571-479-2302  
 Fx # 866-206-0849

**ACKNOWLEDGMENT OF RIGHT FOR PARENTS OF MINOR CHILDREN**

*I understand that pursuant to Virginia Code 54.1-2969(E), my minor child shall be deemed an adult for the purpose of consenting to medical or health services needed in the case of outpatient care, treatment, or rehabilitation for mental illness or emotional disturbance.*

8. If the Client is a Minor, please list: a. School attended: \_\_\_\_\_ b. Grade \_\_\_\_\_

9. Emergency Contact: \_\_\_\_\_

FULL NAME	RELATIONSHIP
ADDRESS (IF DIFFERENT) STREET	CITY
STATE	ZIP CODE
HOME PHONE #	CELL PHONE #

**10. Military Status of Parent/ Legal Guardian:**

- ☐ No Military Status
 ☐ Active Duty
 ☐ Armed Forced Reserved
- ☐ National Guard
 ☐ Armed Forces or National Guard Retired
 ☐ Armed Forces or National Guard
- ☐ Discharged (any type)
 ☐ Dependent Family Member of Armed Forces or National Guard

11. Primary Insurance \_\_\_\_\_

INSURANCE COMPANY NAME	MEDICAL ID #	GROUP #
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12. Secondary Insurance \_\_\_\_\_

INSURANCE COMPANY NAME	MEDICAL ID #	GROUP #
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**13. Social Security number & the person's name of who holds the health insurance for the minor:**

FULL NAME	RELATIONSHIP	SSN
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14. Is there anyone else who has this child as a beneficiary on their insurance plan?      Yes      No

If yes, provide us with name and contact phone number: \_\_\_\_\_

FULL NAME	PHONE NUMBER
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15. I have been given a copy of the YFT Orientation Packet, including Notification of my Rights and Privacy Notice.  
 (Sign and date below.)

PRINT NAME OF PARENT/LEGAL GUARDIAN

PRINT PATIENT'S NAME

SIGNATURE OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PATIENT

\*IF CHILD IS 13 YRS AND OLDER\*

DATE