



Insight Therapeutics, Inc.  
HEALING FROM WITHIN.

## CERTIFICATION OF AUTHORITY

The undersigned, by signature below, hereby certifies to Insight Therapeutics, Inc. that he/she has full legal authority to do the following for the minor child (Name and DOB): \_\_\_\_\_, pursuant to verification with the Court located in: (City, State) \_\_\_\_\_, to do the following

**(Please check all that apply):**

- Consent to the administration of educational evaluations.
- Consent to the initiation of educational programs.
- Consent to the Release of Confidential Information from the child's temporary and permanent files.
- Consent to the Release of Confidential Mental Health Information pursuant to the Mental Health Confidentiality Act.
- Consent to the initiation of psychological or mental health care or treatment.
- Consent to the initiation of psychiatric evaluation and treatment, INCLUDING use of psychotropic medication.
- Consent to the initiation of psychological assessment, testing or evaluation.
- Consent to initiate routine medical care or treatment.
- Consent to initiate emergency medical care or treatment.
- Other specific Consent not specified above (Describe in detail): \_\_\_\_\_

**This consent is verifiable in court via the following CURRENT and VALID documentation:**

- Joint Parenting Agreement in conjunction with Divorce Decree on record with the Court
- Court Order detailing sole decision-making (**this is not the same as sole custody**) of a minor child in conjunction with Divorce Decree on record with the Court
- Judgment for Adoption of the above mentioned child or dependent on record with the Court
- Guardianship order (whether temporary or permanent) on record with the Court (Expiration Date: \_\_\_\_\_)
- Other court order or legal documentation not listed (Describe/provide copy): \_\_\_\_\_

The undersigned acknowledges that once he/she has signed below, this form will be forwarded for verification to the other parent/guardian, if he or she is available. If no objection to the assertions contained herein is **received within 7 days** of transmittal to the parent, Insight Therapeutics, Inc. will comply with all requests from the legal parent/guardian signing below in conformity with this document. **The undersigned recognizes that it is a criminal offense to execute a fraudulent document in the State of Illinois.** The undersigned also acknowledges that these rights are intact and verifiable in a court of law, **and are unencumbered** by other legal matters, such as (but not limited to) an Order of Protection, Restraining Order, criminal matter, or requirements of a child welfare investigation or agency. Insight Therapeutics, Inc. reserves the right to verify via court documents your authority to sign this document at your expense.

Parent/Guardian Initiating Services: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information provided for additional Parent/Guardian:**

Second Parent/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Staff Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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