

Consent to Treat Minor Patient

Parental/Guardian Consent Required for Treatment of Gender-Related Conditions
Ohio law currently prohibits physicians from prescribing a cross-sex hormone or puberty-blocking drug for a minor for the purpose of assisting the minor with gender transition. However, physicians may continue to prescribe a cross-sex hormone or puberty-blocking drug to a minor if the minor has been a continuous Ohio resident since the effective date of the law (April 24, 2024) and the physician has done both of the following: (1) Initiated a course of treatment for the minor prior to the effective date of the law that includes the prescription of a cross-sex hormone or puberty-blocking drug; and (2) Determined and documented in the minor's medical record that terminating the minor's prescription for the cross-sex hormone or puberty-blocking drug would cause harm to the minor individual.
Additionally, Ohio law currently prohibits a "mental health professional" from diagnosing or treating minors who present with a gender-related condition without first obtaining the consent of one of the following: (1) a parent of the minor individual; (2) a legal custodian of the minor individual; or (3) the minor individual's guardian. Advanced practice registered nurses (including CNSs certified as a psychiatric-mental health CNS and CNPs certified as a psychiatric-mental health NP); psychiatrists; psychologists (including school psychologists); and independent social workers, licensed social workers, licensed professional clinical counselors, licensed professional counselors, independent marriage and family therapists, or marriage and family therapists considered "mental health professionals" under HB 68.
A "gender-related condition" means any condition where an individual feels an incongruence between their gender identity and biological sex, including (most commonly) gender dysphoria.
Lastly, under current Ohio law, mental health professionals are prohibited from diagnosing or treating minors who present with a gender-related condition without first screening for (1) other comorbidities that may be influencing the minor individual's gender-related condition, including depression, anxiety, attention deficit hyperactivity disorder, and autism spectrum disorder, and (2) physical, sexual, mental, and emotional abuse, and other traumas.
I, the parent/legal guardian of the minor, have read and reviewed the Ohio Laws about Gender-Related Conditions. By signing below, I authorize Family Health Services of Darke County to fully speak to the minor child about gender-related conditions for the care of the minor.
Parent or Legal Guardian Relationship to Minor Patient
Parent/Guardian Signature Date

Minor Patient's Name: _____ Date of Birth: _____