

## Consent Treatment for a Minor

Welcome to our office. It is our goal to improve communication between parents and teenagers, and every effort will be made to include you in your teen's health decisions. We also believe that confidentiality and privacy for your teen is important to fully address sensitive issues. Our policy is to seek the permission of the adolescent patient before information is shared with family members. The law does require full confidentiality for teenagers seeking family planning services or care for sexually transmitted diseases.

Print Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_

I the undersigned, parent/guardian of \_\_\_\_\_, a minor, do hereby authorize and direct \_\_\_\_\_ and the staff of Michelle Mulder, M.D. to provide ongoing routine and emergency care. This consent shall remain effective until \_\_\_\_\_ (date) or until revoked in writing.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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The patient has been deemed qualified to consent to his/her own health care services. Emancipation or legal exception has been established based on the following:

- Emancipated, self-supporting, free of parental care, custody and control
- Married or previously married minor
- Family planning services
- Diagnosis/treatment for venereal disease
- Under the influence of a dangerous drug or narcotic
- Meets mature minor criteria
- Other

(explain): \_\_\_\_\_

Clinician \_\_\_\_\_ Date \_\_\_\_\_

Patient \_\_\_\_\_ Date \_\_\_\_\_

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Due to the following situation, administrative/legal approval has been obtained for \_\_\_\_\_ treatment/procedure, by \_\_\_\_\_, administrator.

- Unavailable parents/guardian
- Abandoned minor

Please attach legal document to this form.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_