



To Parents and Guardians of Minor Children

The providers and staff of Rebound place great emphasis on the health and well-being of each and every patient in our clinic and we appreciate that you have entrusted us to provide health care services to your minor child. We look forward to working with you to ensure that your child receives the best health care possible.

As a general rule, we require the consent of a parent or legal guardian in order to provide health care services to a minor child (someone under the age of 18). With so many parents working outside the home or with other commitments, we realize that you may not be able to accompany your child on every visit to the clinic. If your minor child presents to the clinic unaccompanied or in the company of an adult other than a parent or legal guardian, we will do our best to attempt to contact you for consent. Depending upon the reason for the visit, if we are unable to contact you for consent, we may need to reschedule the appointment.

In an effort to provide the care needed and avoid having to reschedule your child's appointment, we have developed an Advanced Consent to Treat Minors form that, once completed by a parent or legal guardian, will be placed in your child's medical record for use as necessary. This form will allow us to provide routine and emergency medical treatment for your minor child when deemed necessary by qualified medical personnel. This consent form will remain in effect until revoked in writing.

Under Washington State Law, minor have the right to consent to certain health care without a parent guardian's consent. A minor may consent to medical care:

- If the minor is emancipated (legally independent) or married to someone at or above age 18.
- In the event emergency care is necessary.
- For birth control and pregnancy-related care at any age.
- For outpatient drug-and alcohol-abuse treatment beginning at age 13.
- For outpatient mental health treatment beginning at age 13.
- For sexually transmitted diseases, including HIV, beginning at age 14.

If a minor consents to care as allowed by law, he or she can request confidentiality for that aspect of care which would prohibit us from releasing this information to anyone, including a parent or guardian, without the minor's express written permission.

It is the philosophy of this clinic to encourage minor patients to include a parent, guardian, or other trusted adult in aspects of their health care including those areas noted above. For legal and other reasons, parent or guardian involvement may not always be possible. Rest assured that we would continue to provide health care services that are in the best interest of your minor child.



Date: _____

Patient Name: _____

Date of Birth: _____

AUTHORIZATION TO TREAT

I _____ hereby grant authorization
for the above minor to be seen without my presence:

- Grant authorization for the above minor to be seen, without my presence at this visit only.
- Grant authorization for the above minor to be seen, without my presence at this visit and throughout the duration of care.
- Grant authorization for the above minor to be seen, without my presence however with the accompaniment of _____ (designated person) _____ (relationship)
- Accept financial responsibility for the above minor throughout the duration of care.

Signed By: _____
(Parent or Guardian Signature)