

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 (under the age of 18). We understand that it may not always be possible for a parent or guardian to accompany a child to an appointment. However, we cannot provide care to a child who comes to our clinic alone or accompanied by an adult other than a parent or legal guardian if we cannot reach you or don't have advanced consent to treat.

Signing the Advanced Consent to Treat Minors form below ensures that we can provide care to your child under these circumstances. This signed form will be kept in your child's medical record for use as necessary. The consent will remain in effect until revoked in writing. You may request the revocation form from any member of our staff.

Under Washington State law, minors have the right to consent to certain health care without a parent or guardian's consent:

- If the minor is an emancipated (legally independent) or married to someone at or above age 18.
- In the event emergency care is required.
- 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 but not limited to HPV and HIV/AIDS, beginning at age 14.

While we encourage minor patients to involve a parent, guardian, or other trusted adult in all aspects of health care, if a minor consents to care as allowed by law, he or she can request confidentiality. That would prohibit us from releasing this information to anyone, including a parent or guardian, without the minor's express written consent.

If you have questions regarding any of this information, please contact your child's primary care provider.

ADVANCED CONSENT TO TREAT MINORS FORM

Patient Name: _____ Patient DOB: _____

I, _____, the parent or legal guardian of patient listed above, authorize and consent to routine and emergency medical treatment for my child when deemed necessary by qualified medical personnel.

This authorization will be in effect until revoked in writing by me or when patient turns 18.

Signature of parent/legal guardian

Date

Printed name of parent/legal guardian