



ADVANCED CONSENT TO TREAT MINORS (Over the Age of 16)

To Parents and guardians of minor children:

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. Children under the age of 16 must be accompanied by a parent/guardian or other person listed on this consent.

In an effort to provide the care needed and avoid having to reschedule your child's appointment, we have developed an Advance 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. You may request a copy of this form from any member of our clinic staff.

Under Washington State law, minors have the right to consent to certain health care without a parent or 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 all 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 interests of your minor child.

I, _____, give my consent to Medical Providers of Peninsula Dermatology & Laser Clinic to see and treat my child _____ (Patient's Name, Please Print) who is over the age of 16 in the event I am unable to make it to an appointment. I also understand that I will be financially responsible for any charges accrued during this visit.

Parent/Guardian Signature _____ Date _____