

# ADVANCE CONSENT TO TREAT MINORS



OFFICE USE ONLY – Patient PID: \_\_\_\_\_

I \_\_\_\_\_, the parent or legal guardian of my child, \_\_\_\_\_, authorize and consent to routine and/or emergency medical treatment for my child when deemed necessary by qualified medical personnel.

Furthermore, I authorize the following person named below to consent to medical care for my minor child in my stead:

\_\_\_\_\_

I have attached a copy of my photo ID as well as my minor child's proof of insurance. This authorization will be in effect until revoked in writing by me.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

## TO PARENTS AND GUARDIANS of MINOR CHILDREN

The providers and staff of Desert Radiology 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 a minor child present 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 of the visit, if we are unable to contact you for consent, we may need to reschedule the appointment.

If 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 this form from any member of our clinic staff. We may still need to contact you to discuss your child's treatment plan.

Under Nevada State Law, NRS 129.030 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 living apart from parents or legal guardians, with or without their consent, and has done so for a least four months;
- The minor is married or has been married;
- The minor is a mother, or has borne a child; or
- The minor is in serious danger of suffering a serious health hazard, in the physician's judgment, if treatment is not provided.

If a **minor consent** 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 services that are in the best interests of your minor child.