



## **PATIENT UNDER 18 AND NOT EMANCIPATED**

Regarding: All Minor Patients and their Parents

Policy: All minors under the age of 18 must have a signed Parental Consent Form on file annually, pertaining to and authorizing the care provided by Women's Health Care, PC for the minor.

A. If the parent is able to attend the appointment with the minor:

1. The Parental Consent Form will be completed and signed upon check-in, prior to treatment.

B. If the parent is unable to attend the appointment with the minor:

1. The minor must bring a fully completed Parental Consent Form.
2. The fully completed Parental Consent Form must be signed by the minor's parent.
3. The fully completed Parental Consent Form must be witnessed by someone other than the minor's parent.
4. A photocopy of a legal form of identification (Driver's License, Passport, Military ID) of the parent must also be provided.

C. If a non-custodial parent is financially responsible for the minor:

1. The non-custodial parent must show financial responsibility for the patient (Court Documentation, Department of Children's and Family Services paperwork), and the form must be signed each time the patient is treated for a new condition (for example, the first visit is a routine exam, and the second visit is for pelvic pain) - both visits require a signed Parental Consent Form.
2. The processes of either A or B as shown above still apply.



**PATIENT UNDER 18 AND NOT EMANCIPATED**

The undersigned, a custodial parent or parents or legal guardian or a person acting in place of a parent, hereby consents to the examination and treatment of the minor by a physician of Women's Health Care, P.C.

Patient's Name \_\_\_\_\_

Patient's Birthdate \_\_\_\_\_

Physician's Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Responsible Adult's Signature

\_\_\_\_\_  
Responsible Adult's Signature

\_\_\_\_\_  
Witness

I, the undersigned minor, having read the above consent form signed by my parent or legal guardian or person acting in the place of my parent, agree to be examined and treated by the above named physician.

\_\_\_\_\_  
Minor's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date