

The Ida Karlin Healing Center for Youth

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Minor Children's Confidential Healthcare Rights

The providers and staff of the *Ida Karlin Healing Center* 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 with providing 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). 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 contact you for consent. If we are unable to contact you for consent, depending upon the reason for the visit, we may need to reschedule the appointment.

We also acknowledge that the many external demands placed on parents or guardians may impede your ability to accompany your child on every visit to the clinic. The *Advance Consent to Treat Minors* form reflects our effort to responsibly address this reality and provide the medical care your child may need without having to reschedule the appointment. This consent form, 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 medical treatment for your unaccompanied minor child when deemed necessary by qualified medical personnel. This consent form will remain in effect until revoked in writing.

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 beginning at age 13.
- 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 13.

If a minor consents to care as allowed by law, he or she may 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. However, we recognize that, for legal and other reasons, parent or guardian involvement may not always be possible. Regardless, we remain committed to providing health care services that are in the best interest of your minor child.

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

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Minor Consent to Release Confidential Information

Patient Name: _____

Patient DOB: ____/____/____

Authorized Parent's(s)/Legal Guardian's(s') Name(s): _____

I, the minor patient, authorize and consent to the release of sensitive medical information, as articulated under Washington State Law, to my parent/legal guardian. This authorization will be in effect until revoked, in writing, by me.

I, the minor patient, **do not** authorize or consent to release of routine medical information to my parent/legal guardian.

Patient Signature

____/____/____
Date

.....
 Minor patient declined to sign.

Staff Name

____/____/____
Date