## General Consent to Treat – Minor Patients

## Definitions:

In most cases, a minor's\* parents have the legal authority to consent to the treatment of the minor and such consent must be obtained. If a guardian has been appointed for the minor, then consent to the treatment of the minor must be obtained from the guardian.

## Purpose:

To insure that the parent/legal guardian and minor (when applicable) are included in the minor's health decision process.

## Procedure:

- 1. The General Consent to Treat a Minor Form is to be signed at the initial encounter by the parent or legal guardian, when applicable.
- 2. If a legal guardian has been appointed for the minor, the capacity of the guardian to consent to medical treatment will depend upon the type of treatment.

A copy of the official certified letters of guardianship shall be obtained and placed in the minor's medical record prior to proceeding with medical care.

If a conflict should arise between the guardian and the parent(s), legal counsel should be contacted.

The guardian has the same rights as a parent who has legal custody of the child to consent to nonsurgical treatment for the ward (Probate Code Section 2353 (a).

- **3.** The signed General Consent to Treat a Minor form is to be placed in the patient's medical record.
- 4. If the parent/legal guardian refuses a recommended treatment and/or medication, a PATIENT REFUSAL OF TREATMENT form shall be filled out and signed. Prior to filling out the form the physician should ensure that the parent/legal guardian understands the potential consequences of declining to follow the recommended course of action.

The physician should enter a note in the patient's medical record regarding the initial refusal, a summary of the events (if any) that led to the refusal, and the outcome (i.e., consent or continued refusal) of the discussion between the parent/legal guardian and the physician. The note should specifically document that the physician gave the parent/legal guardian all relevant information, including the potential consequences of declining to follow the recommended course of action.

The physician shall then report such refusal to the plan partner a	and
for follow up.	

5. Physicians will provide confidential and timely access to needed health care services to minors 12 years and older without parental consent for sensitive services. Those sensitive services include: Sexual Assault, Drug or Alcohol Abuse, Pregnancy, Family Planning, STD and HIV Testing.

\*Patients less than 21 are deemed minors for purposes of Medical HMO

Physician Name:		
Address:	<del></del>	
Phone:		
General Consent to Treat – Minor Patient		
I authorize the above stated physician, his a medical personnel of his/her choice to treat and to recommend and/or order laboratory t for diagnosis for my medical condition.	my child, ,	
Signed:Signature of Parent or Guardian	 Date	
Witnessed:Name	Date	
	Patient Name:	
	Date of Birth:	

\*\*\*SAMPLE\*\*\*