



**POLICY FOR MINOR
(UNDER 18 YEARS OF AGE) PATIENTS**

POLICY:

1. A legal guardian/adult must be with the minor patient (under 18 years of age) for any NEW problem or INITIAL visit. A legal guardian would include parents, grandparents, or any other adult such as an aunt, uncle, etc.
2. A follow-up appointment will be allowed without a legal guardian ONLY if we have a signed authorization form from the parents or legal guardian before the patient is seen. NO verbal authorization will be allowed. The authorization form is located at our reception desks or on our website for people to download, print, e-mail, fax, or drop off at the office.
3. If the legal guardian does not have access to the form, specifics will be communicated regarding what is needed and a similar document for authorization may be substituted.
4. A medical assistant or another clinical staff member will be in the room with an unaccompanied minor when a physician is in the treatment room.
5. No invasive procedure (injections) will be performed without a legal guardian's approval.

I agree with the above policy and give my permission as the legal guardian for:

(Minor's Name)

Date of Birth _____
(Minor's DOB)

to be seen in your office without the presence of myself or another adult for necessary medical care, excluding any injections.

Parent/Guardian Name (Print Name)

Parent/Guardian Signature

Address

City

State

Zip

Contact Phone Number

Date