



Consent to Treat Minor Patient

Minor Patient's Name: _____ Date of Birth: _____

What Ohio Law Says About Minor Consent:

Situations When a Minor Can Consent

Ohio law generally requires the consent of a minor patient's parent or guardian before the minor is treated for most health care services. However, Ohio law permits minor patients to consent to receiving some health care services without also needing parental consent. Those services include:

- a. Physical examination by a physician, a physician assistant, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife of a minor who is a victim of a sexual offense at a hospital with organized emergency services, with written notification to the parent or guardian that such examination has taken place;
- b. Diagnosis and treatment of a venereal disease by a licensed physician;
- c. Outpatient mental health services (excluding the use of medication) at the request of a minor fourteen (14) years of age or older. However, if (1) the treatment spans more than thirty (30) days or six visits, whichever occurs sooner, or (2) the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to other person, and the minor is notified of the disclosure, then parental notification is required;
- d. Diagnosis or treatment by a licensed physician for substance abuse of any condition which is reasonable to believe is caused by a drug of abuse, beer, or intoxicating liquor; and
- e. Emergency medical treatment to preserve life and prevent serious impairment.

General Consent to Treat a Minor Patient:

I, _____, the minor patient or the parent/legal guardian of the minor patient, request and authorize Family Health Services of Darke County, Inc. (Family Health Services) and its personnel to deliver routine medical, dental, vision, speech therapy, and behavioral health care that may be deemed necessary or advisable in the diagnosis and treatment of the minor patient. Care may include, but is not limited to, medical evaluation, physical examination, dental cleanings, diagnoses, review of history including sexual/mental/emotional traumas, immunizations, therapeutic injections, dental x-rays, lab work (including, but not limited to throat or nasal swabs and blood draws), wart treatment with liquid nitrogen, minor burns, and minor suturing of lacerations. I understand that a Family Health Services provider will review the minor patient's history before making any new diagnoses. I give consent for the Family Health Services provider to diagnose or treat the minor patient as deemed appropriate.

I understand that I am financially responsible for the costs of services that are not billed to third-party payors. I understand that payment is expected at the time of treatment. I understand that my income will be used to determine my eligibility for a financial need discount and my financial responsibility for services to which I consent.



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Limitations:

Identify any specific limitations on the kinds of services for which this authorization is given. (If none, state "none").

If the minor patient arrives with someone other than their parent or legal guardian, or arrives unaccompanied, then the parent or legal guardian must authorize the adult accompanying the minor to act on the parent or guardian's behalf. If the minor patient can consent to their own health care services, then they may receive such services, even if they are unaccompanied.

Please list the adults that may consent to the minor patient's care:

Name: _____ Phone: _____ Relation to Patient: _____

Name: _____ Phone: _____ Relation to Patient: _____

Name: _____ Phone: _____ Relation to Patient: _____

I voluntarily give my consent as stipulated above. My signature means that I have read this consent form and/or have had it read to me and explained in a language that I can understand. This consent form shall be in effect until revoked by written notice.

Parent or Legal Guardian	Phone Number	Relationship to Minor Patient
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Parent/Guardian Signature	Date
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