

# CASCADE EYE AND SKIN CENTERS, P.C.

## Policy and Consent to Treat Minors

The age of majority in Washington State is age 18. At age 18, an individual is an adult and can provide consent to all proposed health care and authorize access to protected health information. An individual under age 18 is considered a minor and, for most medical care, must have a parent or legal guardian's consent. See also HIPAA privacy rule, 65 Fed. Reg. 82,810 (2000) (to be codified as 45 C.F.R. 164.506), which provides that a health care provider may exercise professional judgment regarding consent. However, state law allows minors 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. (RCW 26.28.020)
- In the event emergency care is necessary. (When impractical to get parental consent first)
- For birth control and pregnancy-related care at any age. (See State v. Koome)
- For outpatient drug- and alcohol-abuse treatment beginning at age 13. (RCW 70.96A.095)
- For outpatient mental health treatment beginning at age 13. (RCW 71.34.500 and 71.34.530)
- For sexually transmitted diseases, including HIV/AIDS, beginning at age 14. (RCW 70.24.110)

If a minor consents to care as allowed by law. He or she can request confidentiality for that aspect of care, which would prohibit the health care provider from releasing this information without the minor's signed authorization.

If a minor is treated, needs consent, and the parent or guardian provide such consent, then the parent or guardian has the authority to request and release records and discuss care without the child's express written permission.

## Advance Consent to Treat a Minor

I (we) the undersigned parent, or legal guardian of \_\_\_\_\_ a minor (DOB: \_\_\_\_\_), do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any duly licensed physician licensed under the provisions of the laws of the State of Washington. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions:

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Signature of parent or legal guardian

Date

Phone #'s

Address

City

State

Zip

This consent shall remain effective until: \_\_\_\_\_