

CONSENT FOR CARE OF MINORS

Pennsylvania state law requires consent by a parent or guardian for the care of a minor. The physicians at the Center for Women's Health have created this form to best serve the needs of your adolescent. As providers of obstetrics and gynecologic services we feel that patient confidentiality is of the utmost importance in the care of all of our patients including those under the age of 18. We, therefore, ask that you and your adolescent review this form and fill it out prior to her visit with us. If at any time circumstances change, we ask that you complete a new consent form.

CONSENT TO TREAT:

I, _____, as parent/guardian hereby consent to the examination and treatment of my child, _____, by the providers at the Center for Women's Health. Please consider this consent to be effective from the date signed until my child is age 18 or an emancipated minor.

SIGNATURE OF PARENT/GUARDIAN _____ Date: _____

CONSENT FOR RELEASE OF MEDICAL INFORMATION

It is the policy of the Center for Women's Health to release information about test results only to the patient. This policy will be changed if we feel that the child's health may be endangered by failure to convey results to the parent/guardian or if the patient requests that a parent/guardian be notified of the results.

I, _____, as parent/guardian hereby understand the above policy and respect my child's confidentiality regarding test results.

SIGNATURE OF PARENT/GUARDIAN _____ Date: _____

I, _____, as the adolescent patient, understand the above policy and, therefore:

_____ Give permission for my test results to be conveyed to my parent/guardian

_____ Do NOT give permission for my test results to be conveyed to my parent/guardian

SIGNATURE OF PATIENT _____ Date: _____