



CONSENT TO, AND DIRECTION FOR, TREATMENT OF MINOR

To: Peak Vista Physicians, Nurses and other Healthcare Contractors

Re: _____, a minor.

Date of Birth _____.

1. I (We), being the legal parent(s) or guardian(s), entitled to the care, custody and control of the above minor, do hereby authorize, request and direct each of you to render such treatment to said minor, including diagnostic, medical and minor surgical care, as in your judgment is advisable. This consent to treatment is given in contemplation that said minor may from time to time appear at Peak Vista Community Health Centers (PVCHC) or one or more of its partners/affiliates (Aspen Pointe or any PVCHC School Based Health Center) for examination, treatment, or both, unaccompanied by an adult, parent or guardian because of my (our) absence or unavailability.
2. I (We) understand that, under certain circumstances, physicians, nurses or administrators may deem it advisable that a parent or guardian be present with said minor for the purpose of assisting in diagnosis or treatment. I (We) agree to cooperate by being present with said minor during appointments whenever possible or requested.
3. As parent(s) or guardian(s) of above minor, I (we) authorize the following individual (s) to consent to care for my minor child should I not be available to provide consent. I (We) also authorize PVCHC to discuss the details of said minor's treatment or other protected health information with the named individual(s), unless prohibited by law.

Name: _____ Name: _____
Relationship: _____ Relationship: _____

All aspects of this consent will be in effect until specifically terminated or modified by written notice received by the PVCHC Medical Record Department or on the date the minor becomes an adult under state law.

PVCHC and its above-mentioned partners/affiliates have agreed, as permitted by law, to share said minor's information among themselves for the purpose of treatment, payment and healthcare operations.

Printed Name of Parent or Guardian: _____
Signature of Parent or Guardian: _____
Staff Signature Verifying Verbal Consent: _____
Relationship to Minor: _____
Date: _____