

## Parent/Legal Guardian Delegated Consent Form

The providers and staff of Immediate Care East: Walk-In Medical Treatment, PLLC place great emphasis on the health and well being of each and every patient in our clinic and we appreciate that you have entrusted us with providing health care services to your minor child. As a general rule, we require the consent of a parent or legal guardian in order to provide health care services to a minor child (*someone under the age of 18*). If your minor child presents to the clinic unaccompanied, or in the company of an adult other than a parent or legal guardian, we will do our best to contact you for consent. If we are unable to contact you for consent, depending upon the reason for the visit, we may not be able to render care to your minor child or children.

This consent form, once completed by a parent or legal guardian, will be placed in your child's medical record for use as necessary. If you have multiple children, please complete a form for **each child** so that it may be added to their individual medical records. In addition this form will only cover the **specific person named**.

Should you need to give multiple people permission to bring your child to the clinic, please complete a separate form **for each person**. This form will allow us to provide medical treatment for your minor child at Immediate Care East: Walk-In Medical Treatment, PLLC.

Please be aware: under New York State law, minors have 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) by marriage, pregnancy or is already the parent of a child.
- In the event emergency care is necessary.
- If the minor is 12 years or older AND treatment involves:
  - Any sex-related treatment (ie: abortion, contraception, pregnancy, diagnosis/treatment of sexually transmitted diseases); or
  - HIV testing and test results; or
  - Assessment and treatment for mental health or chemical dependency.

If a minor consents to care as allowed by law, he or she may request confidentiality for that aspect of care which would prohibit us from releasing this information to anyone, including a parent or guardian, without the minor's express written permission.

It is the philosophy of Immediate Care East: Walk-In Medical Treatment, PLLC to encourage minor patients to include a parent, guardian, or other trusted adult in all aspects of their health care *including* those areas noted above. However, we recognize that, for legal and other reasons, parent or guardian involvement may not always be possible. Regardless, we remain committed to providing health care services that are in the best interest of your minor child. If you have any questions regarding any of this information, please contact us at (585) 398.1275.

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ hereby  
*Name of parent/legal guardian* *Name of minor patient*

authorize \_\_\_\_\_ to bring my child to his/her visit and I also  
*Name of person bringing patient (must be at least 18 years of age)*

give my consent to medical treatment by qualified medical personnel at Immediate Care East: Walk-In Medical Treatment, PLLC. I further state that there are no Court Orders now in effect in any jurisdiction that would prohibit me from exercising the power I now seek to authorize.

***This consent form will remain in effect indefinitely from the date it is signed, unless earlier revoked in writing by the minor child's parent or legal guardian.***

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_