



Consent to Medical Services for a Minor

I am the parent or guardian of _____, date of birth: _____, a minor. I am legally authorized to provide informed consent for her. If I am unable to accompany my daughter to a medical appointment, I want Obstetricians & Gynecologists, P.C., ("the Clinic") to:

Choose only one of the options (1, 2, or 3) below:

1. _____ **Call me** for any and all needed consents. My cell phone number is: _____.

2. _____ **The Clinic can provide the medical services I initial below** without obtaining further consent from me. I understand that if I initial a medical service, no further consent from me will be needed for that medical service. **Please indicate your consent by initialing as appropriate:**

_____ Routine Office Visits, including annual pelvic exam, Pap Smear, breast exam
_____ Laboratory Tests, including blood tests or cultures
_____ Office Procedures, including Colposcopy, Cryotherapy, Ultrasound
_____ Prescriptions/Injections, including birth control, antibiotics, etc.
_____ Prenatal Care/Obstetrical Services
_____ Other: _____

3. _____ **The Clinic can provide all medical services required by or requested by the minor with her consent.** No consent from me for those medical services will be needed. A confidential relationship between the minor and the Clinic will be created. No information about these medical services will be provided to me by the Clinic or its providers unless authorized by the minor.

I understand and agree that **(1)** I am financially responsible for all medical services provided by the Clinic to the minor even if I did not consent to or know about those medical services; **(2)** any consent I provide in this document will be effective until the minor is age 19, is married, is emancipated, or I provide written notice to the Clinic, to its Clinic Manager, that I am revoking my consent; and **(3)** a minor may consent to some medical care under state law, such as treatment for STDs, and can control access to and the release of her medical records for that care apart from any consent in this document.

Parent/Guardian Signature

Date:

Printed Name