

HEALTH ONE, INC.

“Your Home for Pediatrics”

Brad Dickson, M.D., Robin Reed, CPNP, Kim Kopfman, CPNP, Kelly Day, CPNP, Tara Klingler, FNP

Authorization For Evaluation / Or Treatment of a Minor Child

Unaccompanied By Parent or Legal Guardian

Illness or Injury Only

Minor Patient Name: _____ Date of Birth: _____

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical and/or surgical treatment provided by Health One, Inc. and its medical providers. We understand that others might provide supervision and care to your children. Please complete this form if your child will be coming for a visit, treatment or procedure without a parent or legal guardian.

The following individuals named below are authorized to schedule appointments and seek care for illness or injury only, for the above named patient with the physicians and nurse practitioners of health one, Inc. please be advised that the individuals named below will have access to an knowledge of Private Health information (PHI) as described in HIPPA.

| | |
|----------------|---------------------|
| 1) Name: _____ | Relationship: _____ |
| 2) Name: _____ | Relationship: _____ |
| 3) Name: _____ | Relationship: _____ |
| 4) Name: _____ | Relationship: _____ |
| 5) Name: _____ | Relationship: _____ |

Expiration of Permissions:

_____ This form will remain in effect until revoked in writing by myself or another legal guardian, not to exceed 1 year.

_____ This form is VALID ONLY during the following time frame. Effective Date: _____ Expiration Date: _____

I give consent to medical treatment by Health One, Inc. and any of its providers, on behalf of my child listed above. The above named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. *I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.*

Signature of Legal Guardian _____ Date _____

Relationship to Parent _____ Date _____

Witness (over 18) _____ Date _____

*It is our general consensus, and preference, that children are brought for exams and treatment by a parent or legal guardian. This is particularly true for all routine well visits, where the knowledge of the parent or consistent care giver is a first had accounting of the child's medical history, eating, sleeping, exercise and social habits etc. **Well child routine visits require that a parent or legal guardian are present. Additionally, immunizations must be authorized by the parent or legal guardian.***