



Policy: Treatment of a Minor Policy

Scope: Outline the process of treating a minor at CCP

1. It is the policy of Center City Pediatrics, LLC that any new patient under the age of 18 must be seen in the presence of their parent and or legal guardian for their first visit.
2. For all new patients, parents or legal guardian are asked to provide proof of who they are via a valid ID.
3. An established patient [a patient known to the practice and seen within the past 12 months] may be brought in by an adult if written permission is given by the parent or legal guardian and that person shows valid photo ID. See attachment A.
4. The parent or legal guardian must leave a number where they can be reached on the date of service.
5. A signed consent from the legal guardian/parent may be signed prior to the visit allowing the patient to be seen without the legal guardian/parent present.
6. A copy of this consent must be scanned into the patient's record.
7. The purpose of this policy it to:
 - a. Ensure that the legal guardian/parent is aware of the minor's condition or conditions.
 - b. To ensure that the patient understands and follows through with the recommended treatment plan.
 - c. To ensure safety of the minor as well as the medical legal issues of the doctor and office.
8. A patient may exercise the right to access records under HIPAA only if the individual is old enough to consent to treatment under state law. In Pennsylvania, for most purposes, this is age 18. Otherwise, the minor's parent, or another person who has the legal right under Pennsylvania law to consent to the minor's medical treatment such as the minor's court appointed legal guardian or another person acting *in loco parentis*, may receive the records.
9. There are certain minors authorized to consent because of their status. There are two types of laws which authorize minors to consent to medical treatment. First, there are laws which authorize minors who have attained a certain status to consent to virtually all types of health care except certain irreversible and

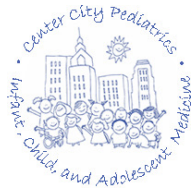
highly invasive procedures such as psychosurgery. Minors authorized to give legal consent to medical treatment under these laws include:

- a. Married (or divorced) minors (Family Code §§7002 and 7050(e)(1)).
- b. Minors on active duty with the U.S. Armed Forces (Family Code §§7002 and 7050(e)(1)).
- c. Minors emancipated by a court order (Family Code §7120).
- d. Self-sufficient minors (minors fifteen years or older living away from home and managing their own financial affairs) (Family Code §6922).

Date of Policy Origination: October, 2009

Revision: Date(s): _____

Signature: _____



CONSENT FOR TREATMENT OF A MINOR CHILD

I, (We) _____
(Name)

of city _____ county _____ state _____

do hereby state that I am (we are) the parent(s) or legal guardian(s)

of _____
(Name)

a minor, age _____ born _____ who resides with
(Date)

me (us) at _____
(Street Address)

I (We) authorize _____
(Name)

an adult who resides at _____
(Address)

in the city of _____

county of _____ state of _____

to consent to any necessary examination, anesthetic, medical diagnosis, surgery or
treatment and/or hospital care to be rendered to the above-named minor under the
general or special supervision and on the advice of any physician or surgeon licensed to
practice medicine in the state(s) where the care is to be provided.

I authorize use of this form from _____, 19 _____,
(Date) (Year)

to _____, 19 _____
(Date) (Year)

Dated this _____ day of _____ 19 _____
(Month) (Year)

Signature of parent or guardian _____

Signature of parent or guardian _____

Signature of adult witness _____