



Consent to Diagnose and Treat A Minor

The parent(s) or guardian(s) accompanying a minor are responsible for providing valid insurance information for the patient as well as payment for the services rendered.

In compliance with HIPAA regulations, we are unable to discuss any details of the patients visits and are also unable to provide itemized bills for the patients unless otherwise specified by the patient.

I, _____ would like my child, _____, Date of Birth _____ to become a patient of Athens Healthcare for Women. I consent to her being treated for any gynecological and obstetrical conditions including, birth control, sexually transmitted diseases and pregnancy.

I understand that even though she is under 18 Athens Healthcare for Women is unable to discuss clinical information pertaining to the patient with anyone other than the patient unless otherwise documented.

Signature of Parent or Guardian: _____

Date: _____

I, _____ give permission for Athens Healthcare for Women to release information to _____.

Information to be released.

- Financial Information
- Appointment Information
- Clinical Information
- All information pertaining to me.

Patient Name: _____

Patient Signature: _____

Date: _____