



PARENT CONSENT FORM

MyHealth employs a professional staff of doctors, nurse practitioners, nurses, medical assistants, social workers, and health educators who specialize in working with teens and young adults.

LOW COST SERVICES

Medical Services (Empowering Teens)

Professional medical staff who specialize in caring for adolescents spend a lot of time listening and educating teens so they understand their health concerns. These include:

- Physicals
- Nutrition concerns
- Immunizations
- Family planning *
- Sexually transmitted infection (STI)*
- Pregnancy tests *
- Minor health care concerns (sore throats or ears, colds, skin rashes)

Mental Health Services (Labyrinth)

Social and emotional concerns are always assessed at clinic visits. Individual therapy is available at MyHealth. Group sessions available.

Home Visiting Nurses (Becoming)

Education and support at home, school or other convenient sites for pregnant and parenting young women. (Funded primarily by MN Dept. of Health)

Health Education (Empowering Teens)

Individual and classroom presentations on a wide variety of topics ages 9 and older.

Services NOT available at MyHealth:

X-ray/Ultrasound, Chemical/eating disorder treatment and abortion

Why should teens use MyHealth?

- **For affordable, quality care.** MyHealth serves all teens, regardless of family income or ability to pay.
- **For the opportunity** to be seen by professionals who specialize and enjoy working with adolescents and young adults. (ages 12-23)
- **For practice** managing their own health care, by setting up appointments, filling out health history forms, etc.
- **For health education** to help them make well-informed decisions and get answers to all their questions.
- **For confidential care.** * In Minnesota, a minor's right to access confidential reproductive health care is guaranteed by Minnesota Statute 144.341-347

Who pays for clinic services?

MyHealth serves all teens, regardless of family income or ability to pay. We ask for insurance information and bill insurance whenever possible to help cover costs. When we cannot bill insurance, we provide care at low to no cost to our clients. To cover costs, MyHealth receives funding from a variety of resources.

NOTE: 1. Adolescents under age 18 must have a signed parent/guardian consent form on file to receive some general medical services (good for one year).

2. *According to state law (see Minnesota Statute 144.341-347), parental consent is **not** required for pregnancy and contraceptive services, chemical abuse assessment and counseling or diagnosis/testing and treatment of sexually transmitted infections. If you have any concerns regarding this consent form, please contact the clinic director at 952-474-3251 ext 17.



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IMPORTANT INSURANCE INFORMATION: MyHealth services are provided, whether or not clients have insurance, at low or no cost to families. We will bill insurance whenever possible to help cover the cost of care.

PLEASE FILL IN 1, 2 or 3 BELOW

- 1. My teen does not have medical insurance
 - 2. Medical Assistance or Minnesota Care number: _____
 - 3. Any other insurance Name of Company: _____
- Phone: _____
- Address: _____
- Policy holder's name: _____ Employer: _____
- Policy holder's Social Security #: _____ - _____ - _____ (this is private & secure data)
- Member ID number: _____ Group number: _____
- Secondary insurance company (if any): _____

SEND INSURANCE CARD/A COPY TO MYHEALTH WITH YOUR CHILD

Where do you go now for health care?

Name of Dr/clinic _____

Address _____

Phone: _____ Fax: _____

*** Note: A signed parent consent form lasts until the child turns 18, unless withdrawn. If the consent form is not returned, anyone under 18 will not be able to receive general medical services, however confidential reproductive health services are available by state law.***

My teen has my permission to receive general medical services at MyHeal for teens and young adults.

- I have read and understand the services offered by MyHealth .
- If applicable, I give permission to bill my health insurance carrier or Medical Assistance for general medical services received. (This would also apply if you do not currently have insurance but get it later).
- I have received the notice of privacy practices stating I may have access to my child's general medical record but not to any confidential service provided as stated in the Minnesota Statute 144.341-347.
- I understand I will be notified in case of emergency or need for follow up medical care.

Print teen's name _____ Teen's date of birth _____

Print parent/legal guardian name _____ Telephone number (parent) _____

Parent Address _____

Parent signature _____ Today's date _____

RETURN TO: MYHEALTH for Teens and Young Adults
Phone: 952-474-3251 Fax: 952-767-0815
15 8th Avenue S
Hopkins, MN 55343