

## **PARENT/GUARDIAN CONSENT FORM**

Phone: 952-474-3251 • Fax: 952-767-0815 • Email: info@myhealthmn.org

	PLEASE FILL IN 1, 2 or 3 BELOW	IMPORTANT INSURANCE INFORMATION	
	1. My teen does not have medical insural	ask for insurance information and bitt insurance	
	2. Medical Assistance or Minnesota Care	cannot bill insurance, we offer a sliding fee scale that	
	3. Any other insurance Name of Company	lets clients pay what they can. y:	
_	Phone:		
	Address:		
	Policy holder's name:	Employer:	
	Policy holder's Social Security #:	(optional)	
	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?		
	Address:	Fax:	
	Phone:	Fax:	
	My teen has my permission to receive general medical services at myHealth 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 services 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 Too	day's date	

Adolescents under age 18 must have a signed parent/guardian consent form on file to receive some general medical services. A signed consent form lasts until the child turns 18, unless withdrawn. Note: According to state law, 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