Consent to Treat (Minors)

I, _____, the parent/legal guardian of the below-named child(ren):

Name	Date of Birth	Sex

hereby authorize and consent to the examination and/or treatment of any of my children during office and facility visits by the physicians and clinic staff of Sterling Health Solutions, Inc. (SHS). In addition, I give my permission for the following person(s) to bring my child to a SHS facility in my absence and to act on my behalf in authorizing medical care and treatment:

Name	Relationship	Phone Number

In the event of emergency or other illness, I understand that the physicians and staff of SHS will deliver any medical care deemed necessary regardless of the accompanying of an adult. Unless we are notified in writing, SHS will assume that a child's biological and/or legal parents are both legal guardians who have access to treatment options and medical information for that child.

This consent will remain in effect until I revoke consent in writing to SHS.

Medical Records/Privacy

At SHS, we are committed to protecting the security and privacy of your child's personal information. Medical records are the property of SHS and kept in a secure location, and are accessed for only purposes outlined by the Notice of Privacy Practices. Records may be released or shared with other health care providers for treatment of your child(ren). Patients are entitled to one free copy of their medical records only after an authorization for release is signed.

- I have received a copy of the Notice of Privacy Practices from SHS.
- I understand that SHS may call my home and place of employment for health care reasons, appointment reminders, and to resolve billing issues.
- I understand that SHS may use postcards to notify me of appointments or other pertinent information.
- I understand that SHS may fax immunization certificates, school excuses, physical/sports forms and/or medication to instruction to my personal or work fax if number provided or may mail to my home. SHS cannot fax or send these documents to third party schools, daycares, etc. without separate authorization form(s).
- I understand that SHS may leave messages on my answering machine and/or voice mail regarding appointments and limited lab information
- I understand that SHS may discuss patient information with adults or minors (including interpreters) present during the visit.
- **I understand and agree to all of the above unless I strike through any of the statements.**

This consent will remain in effect until I revoke consent in writing to SHS.

_____ _____

Signature of Parent/Legal Guardian Date