



Title: Ability for Minors to Consent for Health Care Services Policy

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Policy (requires board approval)

Chief Medical Officer Approval: DocuSigned by: Jeannie Mueller Date: 5/31/2023
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Chief Executive Officer Approval: DocuSigned by: Kaye Hotsenpiller Date: 5/30/2023
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Board Officer Approval: DocuSigned by: Dr. Saliman Date: 5/26/2023
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Procedure: Provide protocol for staff and providers at River Valley Health Centers (RVFHC) to understand 1) what medical care can be provided to a minor (patient less than 18 years of age) with and without the consent of a parent or legal guardian and 2) in which circumstances can a minor receive care when the minor is unaccompanied or accompanied by an adult who is not the minor’s parent or legal guardian.

A. Married Minor

- a. Any minor who is legally married may consent to his/her own medical, dental, and surgical care. RVFHC will add this question to intake paperwork for minors and add ‘marriage status’ to Quick View.

B. General Medical Care

- a. A minor must be “emancipated,” to consent for general medical care, which includes:
 - i. Is 14 years of age or older AND
 - ii. Lives separately from his/her parents AND
 - iii. Manages own finances, regardless of how he/she receives income AND
 - iv. Has legal documentation that he/she is emancipated.

- b. If a minor does not meet the above definition, the minor must have consent of a parent or legal guardian.
 - i. Examples of legal guardianship include: foster care and kinship care (aunts, uncles, grandparents). The legal guardian must provide legal documentation.
 - ii. See below for process regarding a minor who is accompanied by an adult who is not a parent or legal guardian or if a minor is unaccompanied.

C. Immunizations

- a. A parent or legal guardian must be present for a minor to receive immunizations. There are no exceptions to this rule.

D. Dental Care

- a. A minor must be “emancipated,” to consent for general medical care, which includes:
 - i. 14 years of age or older AND
 - ii. Live separately from his/her parents AND
 - iii. Manage own finances, regardless of how he/she receives income AND
 - iv. Has legal documentation that he/she is emancipated.
- b. If a minor does not meet the above definition, the minor must have consent of a parent or legal guardian.
 - i. See below for process regarding a minor who is accompanied by an adult who is not a parent or legal guardian or if a minor is unaccompanied.

E. Sexual Assault Evaluation

- a. A minor may consent to his/her own care as related to sexual assault evaluation without the need to inform a parent or legal guardian. RVFHC will refer the patient to the Emergency Department.

F. Sexually Transmitted Infections (STIs) – Testing and Treatment and Contraceptive Care

- a. A minor may consent to his/her own care related to testing for and treatment for STIs without the need to inform a parent or legal guardian.
- b. Minors may consent to their own care as related to contraception without the need to inform a parent or legal guardian. For positive pregnancy tests, the provider is not required to notify parents. The patient will be referred for prenatal care.

G. HIV Testing and Treatment

- a. A minor may consent to his/her own care related to testing for and treatment of HIV without the need to inform a parent or legal guardian.

- b. A parent/guardian may be informed of any testing or treatment that is done for HIV if the provider feels that such a disclosure would be beneficial to the patient. However, it is not required to be disclosed to the parent/guardian, nor is a provider restricted from discussing such with the parent/guardian.

H. Mental Health Care

- a. A minor may consent to his/her own mental outpatient health-related care if he/she is 12 years of age or older without the need to inform a parent or legal guardian.
 - i. In this situation, the minor will sign the BH mandatory disclosure and informed consent form. No information will be provided to the parent or legal guardian without a signed ROI for the parent or legal guardian.
 - ii. If it is an emergency situation in which the patient is being placed on an involuntary mental health hold, the parent or legal guardian will be notified because the minor cannot consent to inpatient care.
 - iii. Parent or legal guardian consent is required to order and prescribe psychiatric medication.

I. Authority to Consent

- a. Only a parent or legal guardian can sign the Authority to Consent
- b. The Authority to Consent will be added to the intake paperwork and updated on an annual basis.

J. Unaccompanied Minor or No Parent/Legal Guardian Present

- a. In situations where parent or legal guardian consent is required (such as the provision of general medical or dental care), yet a minor is either unaccompanied to the clinic or is accompanied by an adult who is not a parent or legal guardian, the following options are available:
 - i. If the parent or legal guardian has NOT granted authority to consent to another adult other than the parent or legal guardian (via the “Authority to Consent” form), such care can only be provided if the situations above are met (See D-H).
 - ii. If the parent or legal guardian HAS granted authority to consent to another adult other than the parent or legal guardian (via the “Authority to Consent” form), that adult may consent to such care.
 - 1. Only a stepparent, adult relative of first or second degree of kinship, or an adult childcare provider who has care and control of the minor may consent for a minor child.

2. Authority to consent may not be granted to an individual other than a parent or legally authorized representative for major health care decisions as determined by the minor's health care provider.

K. Patient Portal Usage

- a. Patient Portal usage is not available for patients 12-17 years of age.



AUTHORITY TO CONSENT BY PERSON OTHER THAN PARENT OR LEGALLY AUTHORIZED REPRESENTATIVE (“FORM”)

River Valley Family Health Centers (RVFHC) requires a parent or legally authorized representative to be present at the initial patient appointment for a minor child (i.e., someone who has not had his/her 18th Birthday). While it is important for the parent or legally authorized representative of a minor child to be present for all visits, we realize that this is not always possible. This Form may be used to allow an adult, other than a parent or legally authorized representative, to serve as a substitute decision maker (“Substitute”) for non-emergent medical care at RVFHC as allowed by Colorado Revised Statute (C.R.S.) 15-14-105. If you would like to appoint a Substitute, please review and complete this Form and return it to the check-in staff at the front desk or fax this form to our Health Information Management department at 720-777-7244. This Form will remain in effect for the dates specified below, unless you revoke it in writing.

Authorization:

As the Parent or Legally Authorized Representative of: _____ (the “Minor”).
(Patient’s Name and Date of Birth)

I request that authority to consent be granted to: _____ (the “Substitute”).
(Name)

(Street Address) (City, State, Zip Code) (Phone Number)

Whose relationship to the Minor is: _____

**Note: Only a stepparent, adult relative of first or second degree of kinship, or an adult childcare provider who has care and control of the minor may consent for immunization of a minor child, per C.R.S. § 25-4-1704*

** Note: Authority to consent may not be granted to an individual other than a parent or legally authorized representative for major health care decisions as determined by the Minor’s health care provider.*

- If approving all non-emergent, non-major care rendered at RVFHC, please check the box.**
- If approving just for the following care, condition(s), procedure(s), and/or treatment(s) (e.g., well-child check-up, dental cleaning and examination, etc.) please list here:**

- If you would like to be contacted in the event a medical decision needs to be made for additional, unanticipated medical services beyond the reason for the patient’s visit, please check the box.**

Limitations:

Please identify any limitations on the kinds of medical services for which this authorization is given, or any limitations on the time frame for which this authorization is given. If none, please state “none.”



This form is effective from _____ to _____

** Note: Unless otherwise stated, this Form is effective immediately once signed. The dates listed must be no later than ninety (90) days from the date of this Form. In no event will this Form be in effect for a period longer than ninety (90) days from the date the parent or legally authorized representative signs the Form.*

By signing below, I confirm that the Substitute to whom I have given consenting authority has the ability to obtain, process, read, and understand health information so that an appropriate and informed health care decision can be made. I understand that if the treating medical providers have any doubts as to the capability of the Substitute to provide permission for medical care, they may defer non-urgent/non-emergent care until appropriate permission may be obtained. By completing this Form, I consent to the sharing of the Minor's protected health information with the Substitute. I agree to accept financial responsibility for all care and services delivered pursuant to this Form.

Signature of Parent or
Legally Authorized Representative

Relationship

Date

Time

Printed Name of Parent or
Legally Authorized Representative

Phone Number

Alternate Phone Number

This section to be completed by RVFHC staff:

Identification of Substitute verified (State Identification Card or Government Issued ID)