



Consent by Minor Patient for Release of Medical Information

We are frequently asked to give family members or others information on test results or other procedures when you are not available to receive them. You may decide who can receive information regarding your treatment and/or testing for any treatment for which you are legally allowed to provide consent. If you would like for us to provide information regarding treatment and/or test results to a family member or friend, please fill in their name and relationship to you and check which type of information he or she may receive.

Please understand that if you are covered under your parents' or guardians' insurance plan, all information will be released to the insurance company upon request by the insurance company, and/or your parent(s) or guardian(s) for consideration of payment for treatment received.

If you refuse to allow any information to be released, you will have to pay for the services in full before any services will be rendered.

_____ Name	_____ Relationship
<input type="checkbox"/> All Info <input type="checkbox"/> Billing Info <input type="checkbox"/> VD's <input type="checkbox"/> BC <input type="checkbox"/> Pregnancy <input type="checkbox"/> Appt	

_____ Name	_____ Relationship
<input type="checkbox"/> All Info <input type="checkbox"/> Billing Info <input type="checkbox"/> VD's <input type="checkbox"/> BC <input type="checkbox"/> Pregnancy <input type="checkbox"/> Appt	

All Info: Any information on file related to you, including, but not limited to, **Billing info**, **STDs**, **BC**, **Pregnancy**, and **Appt**.

Billing Info: Information necessary to obtain payment for your treatment (including reason for treatment).

VDs: Information related to Venereal Diseases

Preg: Information related to pregnancy

BC: Information related to Birth Control

Appt: Only appointment time and dates

By signing this agreement, I acknowledge that I have carefully read, understand, and agree to the above terms and conditions.

_____ Name	_____ Date
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Signature of Minor Patient