

Ballard Teen Health Center Consent for Health Care Services

Ballard Teen Health Center (BTHC) located at Ballard High School must have a signed consent from a parent or legal guardian before providing health care services to youth, except in situations where federal and/or state laws allow youth to access and consent to treatment without parent/guardian consent.

I hereby request and authorize BTHC, and its physicians, health care professionals, personnel, and staff (collectively, "BTHC Staff") to provide to:

Print Youth's Name:

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: _____

such health care services available from and deemed necessary or advisable by the BTHC Staff. Health care services may include, but are not limited to, well-teen care procedures, evaluation and treatment of acute illness and injuries, immunizations, blood studies, photographs and X-rays. I further authorize referral of the youth's care and transportation to other physicians, health care professionals, hospitals, clinics, or health care agencies if deemed necessary or advisable by the BTHC Staff.

I acknowledge that I have received Swedish Medical Center's Notice of Health Information Practices that describes how health information may be used and disclosed. I understand that when the youth receives health care services at BTHC for those situations where federal and/or state laws allow the youth to consent to treatment without parent/guardian consent, all information related to such care will be kept confidential except in the following circumstances:

- The youth permits release of information through a signed authorization.
- The youth exhibits a risk of imminent harm to self or others.
- The youth has a life threatening health problem and is under 18 years old.
- There is reason to suspect abuse or neglect.
- Certain communicable diseases must be reported to public health authorities.
- Other disclosures as required by law.

This consent is authorized for such time the youth is enrolled at Ballard High School. I understand that I may choose to withdraw this consent at any time by writing to BTHC. I understand, however, that even if I as parent/guardian withdraw consent for the youth's health care services, the youth may still seek treatment at BTHC in situations where federal and/or state laws allow youth to access and consent to treatment without parent/guardian consent.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian (and Guardian's relationship): _____

Parent/Guardian Address: _____

Telephone: _____ Work Telephone: _____

