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CONSENT TO TREAT MINORS

The providers and staff at **REDWOOD EYE CLINIC & BOTHELL VISION CENTER** (Clinics) place great emphasis on the ocular health and visual well-being of each and every patient. We appreciate that you have entrusted us with providing eye care services to your minor child. We look forward to working with you to ensure that your child receives the best vision and eye care possible.

As a general rule, we require consent of a parent or legal guardian in order to provide health care services to an unaccompanied minor child (someone under the age of 18). With many parents working outside the home or with other commitments, we realize you may not be able to accompany your child on every visit to the clinic. If your minor child presents to the clinic without a parent or legal guardian, we will do our best to attempt to contact you for consent. Depending upon the reason for the visit, if we are unable to contact you for consent, we may need to reschedule the appointment.

In an effort to provide the care needed and avoid having to reschedule your child's appointment, we have developed this CONSENT TO TREAT MINORS form that, once completed by a parent or legal guardian, will be placed in your child's medical record for use as necessary. This form will allow us to provide routine, medical, follow up care, and emergency treatment for your minor child when deemed necessary by a qualified medical personnel. This consent form will remain in effect until revoked in writing or until the child turns age 18. You may request a copy of this form from any member of our staff.

Under Washington State law, minors have the right to consent to certain health care without a parent or guardian's consent. A minor may consent to medical care:

- In the event emergency care is necessary.
- If the minor is emancipated (legally independent) or married to someone at or above age 18.
- For birth control and pregnancy-related care at any age.
- For outpatient drug-and alcohol-abuse treatment beginning at age 13.
- For outpatient mental health treatment beginning at age 13.
- For sexually transmitted diseases, including HIV, beginning at age 14.

If a minor consents to care as allowed by law, he or she can request confidentiality for that aspect of care which would prohibit us from releasing this information to anyone, including parent or guardian, without the minor's express written permission.

It is the philosophy of the Clinics to encourage a minor patient to include a parent, guardian, or other trusted adult in all aspects of their health care including those areas noted above. But for legal and other reasons, parent or guardian involvement cannot always be possible. Rest assured that we would continue to provide health care services that are in the best interests of your minor child.

I, (please print parent or guardian name) _____ give my consent to the eye care providers and staff at RedWood Eye Clinic and Bothell Vision Center to provide eye health care services to my minor child,

(first & last name) _____ in my absence and agree to be financially responsible for all necessary charges involved in my child's care.

I understand that eyeglasses, contact lenses, or other materials will NOT be processed or ordered until payment is made for the materials.

I authorize my child to receive the following services: dilation-free retinal scan* _____ (initial), pupil dilation _____

(initial), contact lens prescription service* _____ (initial.) *I agree to pay the associated fee(s) which is not covered by insurance.

Signature of Parent or Guardian _____ Date _____

Relationship to Patient _____