

**Policy for Minor (Under 18 years of age) Patients:**

1. A legal guardian/adult must be with the minor patient (under 18 years of age) for any new problem or initial visit. A legal guardian would include parents, grandparent or any other adult such as aunt, uncle etc.
2. A follow up appointment will be allowed without a legal guardian ONLY if we have a signed authorization form from the parents or legal guardian before the patient is seen. NO verbal authorization will be allowed. The authorization form is located at our reception desks or on our website for people to download, print and either e-mail, fax or drop off to the office to us.
3. If the legal guardian does not have access to the form, we can give them the specifics we need and they can produce a similar document for authorization.
4. An MA or another clinical staff member will be in the room with an unaccompanied minor when a physician is in the treatment room.
5. No invasive procedure (injections) will be performed without a legal guardian's approval.

**FOR PHYSICAL THERAPY OR OCCUPATIONAL THERAPY VISITS**

A legal guardian/adult must be present with minor patient (under 18 years of age) for any initial evaluation visit. Daily PT/OT visits will be allowed without a legal guardian ONLY if we have a signed authorization form from the parents or legal guardian before the patient is seen. NO verbal authorization will be allowed. The authorization form is located at our reception desks or on our website for people to download, print and either e-mail, fax or drop off to the office to us.

\*\*The above guidelines are for all patients under 18 years of age. An emancipated child would not follow the above guidelines.

I agree with the above policy and give my permission as the legal guardian for:

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Minor's Name) (Minor's DOB)

to be seen in your office without the presence of myself or another adult for necessary medical care and/or physical/occupational therapy, excluding any injections.

\_\_\_\_\_  
Parent/Guardian Name (Print Name) Parent/Guardian Signature

\_\_\_\_\_  
Address City

\_\_\_\_\_  
Contact Phone Number Date