

| | | | |
|--------------------------------------|-----------------|---------------------------|-------------------------------------|
| Tus neeg mob lub npe Patient name | | | |
| MHN MHN | Hnub yug DOB | Muaj tsawg xyoo Age | Poj niam los txiv neej Gender |

Kho Cov Menyuum Uas Tsis Tau Nto Hnub Nyooq Thaum Niam Txiv/Niam Qhuav Txiv Qhuav Uas Tau Kev Tso Cai Sawv Cev Raws Txoj Cai Tsis Nyob Rau Ntawd

Daim Ntawv Tso Cai

Nplooj 1 ntawm 2

Consent - Treatment of Minors in Parent/Legal Guardian Absence

Page 1 of 2

Qhov yuav kom ua raws li txoj kev cai lij choj hauv Wisconsin, Marshfield Clinic/Family Health Center xav kom tau niam txiv (tsis yog niam tshiab txiv tshiab/niam qhuav txiv qhuav) los sis ib tug neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj (tus neeg saib xyuas uas tsev hais plaub xaiv) los tso cai rau kev kho cov menyuum uas tsis tau nto hnub nyooq. Yog thaum uas niam txiv los sis tus neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj tso cai tsis tau lawm, tus niam txiv los sis tus neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj yuav muab tau txoj cai los tso cai rau lwm tus neeg laus. Yog thaum uas ib tug menyuum tsis tau nto hnub nyooq tuaj rau lub sij hawm teem kho mob/kho kev nyuab siab/kho hniav uas tsis muaj leej niam leej txiv los yog tus niam qhuav txiv qhuav uas tau kev tso cai sawv cev raws txoj cai los yog daim ntawv tso cai uas kos npe tas rau lawm, tej zaum yuav tsis muab qhov kev pab kho.

To comply with Wisconsin law, Marshfield Clinic/Family Health Center requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by a court) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent medical/mental health treatment/dental appointment without a parent or legal guardian or assigned consent, treatment may be denied.

Kuv/Peb (niam txiv/tus neeg tau cai saib xyuas npe) _____ tso cai:
I/We (parent's/legal guardian's name) _____ authorize:

Tus neeg tso cai _____
Appointee (person authorized to consent)

Txheeb licas rau tus neeg mob (Relationship to patient) _____

Tus neeg tso cai qhov chaw nyob (Appointee's address) _____

Tus neeg tso cai tus xov tooj (Appointee's phone number) _____

tso cai rau – khij (✓) txhua qhov muaj:
to consent to – check (✓) all that apply:

Kev kho mob tom ntej no los yog kev kho mob thaum ti tes ti taw hauv Marshfield Clinic/Family Health Center thaum hu tsis tau kuv ntawd yuav suav kho kev nyuab siab nrog.
Emergent or urgent care at Marshfield Clinic/Family Health Center when I cannot be reached to include mental health treatment.

Kev kho mob, kho kev nyuab siab thiab kho hniav hauv Marshfield Clinic/Family Health Center muaj xws li txhaj tshuaj tiv thaiv kab mob, soj ntsuam roj ntsha thiab lwm cov kev soj ntsuam seb mob dab tsi, tiam sis tsis suav kev phais los yog lwm cov txheej txheem uas yuav tsum tau tso tshuaj tsaug zog, tshwj tsis yog tso tshuaj loog rau tib qho chaw xwb.
Medical, mental health treatment and dental care at Marshfield Clinic/Family Health Center including immunizations, lab work and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for alocal anesthetic.

Tag nrho txhua yam kev kho mob/kho kev nyuab siab/kho hniav uas tsim nyog thiab kev phais thiab kev kho mob hauv Marshfield Clinic/Family Health Center.
Any and all necessary medical/mental health treatment/dental and surgical care and treatment at Marshfield Clinic/Family Health Center.

Kho Cov Menyuum Uas Tsis Tau Nto Hnub Nyoog Thaum Niam Txiv/Niam Qhuav Txiv Qhuav Uas Tau Kev Tso Cai Sawv Cev Raws Txoj Cai Tsis Nyob Rau Ntawm

Daim Ntawv Tso Cai (Txuas mus)

Nplooj 2 ntawm 2

| | | | | |
|---|-------------------|------------------------|-------------------------------|---|
| Tus neeg mob lub npe <i>Patient name</i> | MHN <i>MHN</i> | Hnub yug <i>DOB</i> | Muaj tsawg xyoo <i>Age</i> | Poj niam los sis txiv neej <i>Gender</i> |
|---|-------------------|------------------------|-------------------------------|---|

rau kuv tus menyuum (tus neeg mob lub npe) _____

thaum lub sij hawm (tsis txhob pub tshaj li 1 xyoo):

for my child (patient's name) during the period (not to exceed maximum of 1 year):

Hnub tim (hli/hnub/xyoo) ____ / ____ / ____ rau ____ / ____ / ____
Date (month/day/year) to (month/day/year)

Kom txwm nkaus 1 xyoos (For a maximum period of 1 year)

Kuv/Peb (niam txiv/tus tau cai tu lub npe) _____ tso cai kuv tus menyuum muaj hnub nyoog tsav tsheb (neeg mob lub npe) _____ tuaj kuaj tau kev mob nkeeg, nws tus kheej ib leeg rau lub sijhawm (hnub – hli/hnub/xyoo) ____ / ____ / ____ rau ____ / ____ / ____
I/We (parent's/legal guardian's name) authorize my driving-age child (patient's name) to receive routine care, unaccompanied during the period (date – month/day/year) to (date – month/day/year)

Kuv/Peb (niam txiv/tus tau cai tu lub npe) _____ tso cai kuv tus menyuum (neeg mob lub npe) _____ tuaj goj ib ce/xyaum ua dej num, nws tus kheej ib leeg rau lub sijhawm (hnub – hli/hnub/xyoo) ____ / ____ / ____ rau ____ / ____ / ____
I/We (parent's/legal guardian's name) authorize my child (patient's name) to attend physical/occupational therapy appointments unaccompanied during the period (date – month/day/year) to (date – month/day/year)

Marshfield Clinic/Family Health Center cov neeg muab kev pab yuav tsum tau hu tuaj rau kuv ntawm cov xov tooj hauv qab no seb puas cuag kuv ua ntej yuav muab kev kho mob:
Marshfield Clinic/Family Health Center providers should try to contact me before providing care at the following numbers:

Xov tooj hauv tsev (Home phone) _____

Xov tooj tom hauj lwm (Work phone) _____

Xov tooj ntawm cev (Cell phone) _____

Kuv pom zoo mus ntxiv yuav them tej nuj nqes rau Marshfield Clinic/Family Health Center tus neeg muab kev pab kho mob rau cov nqi kho mob yog hais tias cov menyuum lub qhov chaw them nqi kho mob tsis them rau cov nuj nqes no. I further agree to reimburse Marshfield Clinic/Family Health Center health care provider for the cost of rendering these services to the extent that the minor's insurance does not pay for these services.

Tus me nyuam niam txiv/tus neeg saib xyuas kos npe
Child's parent/legal guardian signature

Kev sib txheeb rau tus neeg
Relationship to patient

Tus menyuum niam thiab txiv/tus neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj qhov chaw nyob
Child's parent/legal guardian address

Niam txiv/Tus neeg tau cai saib xyuas xov tooj
Parent/Legal guardian phone number

____ / ____ / ____
Kos npe hnub tim (hli/hnub/xyoo)
Signature date (m/d/y)

Xa daim ntawv thov uas teb mee mus rau: Release of Medical Information, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449 Fax: 715-221-6992 E-mail: medicalrecords@marshfieldclinic.org

Send completed form to: Release of Medical Information, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449 Fax: 715-221-6992 E-mail: medicalrecords@marshfieldclinic.org