Patient presents for appointment without legal representative authorization for treatment

Quality health care requires a team approach between the parent/legal representative and your child’s health care provider. *Nemours encourages the parent/legal representative to be present with their child at all visits. The presence of the parent/legal representative ensures good two-way communication to make certain your child’s health care needs are understood and addressed. Nemours understands, however, that occasionally minor children live with and/or are well cared for by members of their extended families or others. As a result, on occasion a minor requiring treatment will not be accompanied by the parent/legal representative, and efforts by Nemours to communicate with the minor’s parent/legal representative at the time of the visit may not be desired by the parent/legal representative.

I represent that I am the parent/legal representative and have the legal authority to authorize the examination and treatment of: ________________________________by Nemours health care providers and associates.

I understand that the examination and treatment may include the use of x-rays, laboratory tests (including routine HIV testing, when applicable), medications, and other diagnostic procedures and tests normally provided in a pediatric health care environment, but does not include consent to surgery, general anesthesia, provision of psychotropic medications or other extraordinary procedures for which a separate written informed consent as provided by law is required.

I understand that information, including recordings (photographs, video, electronic or audio media), may be collected, used, and shared with others only as necessary for:

- Coordinating treatment with healthcare providers;
- Ensuring providers we refer you to have all the necessary health information;
- Eligibility, billing, claims management, medical necessity, and utilization review;
- Required reporting of diseases or injuries such as communicable diseases;
- Required reporting to registries such as cancer and immunization; and
- Inclusion in Health Information Exchanges.

I authorize the examination and treatment of myself/my child/ward listed above by Nemours. I agree that Nemours will not be responsible for the medical care, services, and treatment delivered by physicians and allied healthcare providers not employed by Nemours. I understand that this authorization applies and extends to subsequent visits and appointments at Nemours, even if my child is not accompanied by me, and is valid for one year.

I understand it is my obligation to know when my child is examined and treated at Nemours, to know who accompanied my child to the visit, if anyone, and to take steps promptly following the visit to make sure I understand the recommendations and plans instituted by Nemours to address my child’s health needs. I understand the recommendations and plans instituted by Nemours to address my child’s health needs will be shared with the person who accompanied my child to the visit, and that I may obtain the recommendations and plans from that person or by communicating with the Nemours provider who examined and treated my child.

________________________  ______________________________
Print Name (Patient/Legal Representative)  Signature (Patient/Legal Representative)

________________________  ______________________________  ____________  __________ AM
Date        Time (am/pm)   Relationship to Patient

**INTERPRETER’S SIGNATURE:** (To be completed only when appropriate)

I certify that I am fluent in English and the native language of the person indicating consent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient and/or adult legally responsible for the minor child has indicated their understanding of the contents of this form.

Interpreter’s Signature __________________________ Interpreter’s Name (Print) Date ______ Time ______ AM

________________________  ______________________________  ____________  __________ PM
Interpreter’s Signature (Print)  Date        Time    Relationship to Patient

*Nemours includes: The Nemours Foundation, a Florida not-for-profit corporation, its operating divisions and sites, and its affiliates and subsidiaries, including The Alfred I. duPont Hospital for Children Surgery Center, Bryn Mawr, and all entities operating under the name Nemours duPont Pediatrics.