Abide Health Medical APC

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Assent for Treatment (For Minors)

Patient Information

Minor's Name: _____ **Date of Birth**: ___ / ___ / _____

Address: _____

You are being asked to agree to treatment by your healthcare provider. This form is for minors (under the age of 18) to ensure that you understand the treatment, procedures, and care that may be provided, and to give you a chance to express your opinion about it.

While your parent or legal guardian must give **legal consent** for treatment, we still want you to understand and agree to your care as much as possible. This is called **assent**. By signing this form, you are saying that you understand the information provided and that you agree to receive care.

Description of Treatment

The following treatment(s) or procedure(s) may be provided:

Treatment/Procedure Name(s): _____

Purpose of the Treatment/Procedure: _____

Right to Refuse Treatment

You have the right to say **no** to the treatment or to stop it at any time. If you choose not to have this treatment, you will still be able to get other kinds of care or discuss other treatment options with your provider. Your choice will not affect how you are treated.

If you are unsure about anything, it's okay to ask your parent or guardian to explain it to you again or ask the healthcare provider to talk to you more about it.

Acknowledgment and Assent

By signing below, you are stating that:

- You have been told about the treatment or procedure that may happen, and you understand what is going to happen.
- You have had a chance to ask questions about the treatment, and your questions have been answered.
- You agree to go forward with the treatment or procedure.

Minor's Assent

Minor's Name (Printed): _____ **Minor's Signature**: _____

Date: ___ / ___ / _____

If the minor is unable to sign, an **authorized representative** (e.g., parent or legal guardian) may sign on behalf of the minor:

Authorized Representative (Parent/Guardian) Name (Printed): _____

Relationship to Minor: _____ **Authorized Representative Signature**: _____

Date: ___ / ___ / _____