

PREAUTHORIZATION TO TREAT MINORS CONSENT FORM

Purpose: This form may be used to allow minors of legal driving age (16 or older) to receive routine care and services from PatientWell Connect, LLC without a parent or proxy present.

For some families, it may be more convenient to have prior authorization in place that allows routine medical care to be delivered to minors if a parent or legal guardian cannot be present to provide consent. If you would like to have such a preauthorization in place, please review and complete the following form authorizing treatment for your minor child in advance.

AUTHORIZATION: I have the legal right to preauthorize PatientWell Connect, LLC and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, x-rays, referral for lab work.

I request and authorize PatientWell Connect, LLC and its personnel to deliver routine medical care to my child listed below as may be deemed necessary or advisable in the diagnosis and treatment of the minor child:

Name: _____ DOB: _____

LIMITATIONS: Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none"): Parental contact information for questions regarding treatment of the minor child:

Parent's Name: _____ Daytime Phone: _____

Cell Phone: _____ Evening Phone: _____

I hereby indemnify and hold harmless PatientWell Connect, LLC, and all their officers, agents, employees, attorneys, directors, insurers, affiliates, subsidiaries, related corporations, successors, heirs and assigns from any and all liability for acting in reliance on this authorization. I also agree to accept financial responsibility for all care and services delivered pursuant to this authorization. This authorization is valid for one year (1) following the date signed below unless withdrawn in writing to PatientWell Connect, LLC, or restricted by time frame as noted above. Only one parent's signature is required.

Signature of Witness _____ Date _____ Signature of Parent or
Legal Guardian _____ Date _____