*Richard G. Fried, M.D., Ph.D.*

*Fern G. Fried, M.D.*

*Priya B. Dhanaraj, M.D.*

*Judith A. Cenci, M.D.*

*Carmen Campanelli, M.D.*

*Lauren Sternberg, M.D.*

*Roman Bronfenbrener, M.D.*

*Melissa Serravallo, M.D.*

*Amy Matorin, PA-C*

**CONSENT TO TREATMENT OF MINORS**

**Minors not accompanied by a parent or guardian**

A custodial parent may authorize another adult to accompany their child for treatment. We will treat minor patients accompanied by another adult only if a custodial parent has given consent for the other adult to bring the minor patient to an appointment and authorized treatment via a signed “Consent to Treat Minor Patient” form. The adult accompanying a minor patient to an appointment is responsible for any copayment/coinsurance due on that date of service.

**Consent for treatment of unaccompanied minors**

Minor patients under the age of 16 may not be seen in our office without a parent, guardian or other adult authorized to bring them to their visit. Unaccompanied minors 16 years of age or older will be seen only if a custodial parent has given consent and authorized treatment via a signed “Consent to Treat Minor Patient” form. The patient is responsible for any copayment/coinsurance due on that date of service.

**TREATING CHILDREN OF DIVORCED PARENTS**

When parents are divorced, each has equal right to consent to treatment and to authorize release of the children’s medical records, unless there has been some legal termination of parental rights. Therefore, even a non-custodial parent may bring a child for treatment and receive or authorize release of the child’s medical records. If one parent (usually the custodial parent) objects, for example, to a copy of the child’s medical record being given to the other parent, he/she must produce documentation showing that the other parent's rights have been terminated. If he/she cannot produce such documentation, the other parent will have the right to a copy of the medical record. We will assume parental rights are intact, unless we are provided documentation providing otherwise. An adult accompanying a minor child is responsible for any copayment/coinsurance due on that date of service. **THE PARENT IDENTIFIED AS THE ACCOUNT OWNER FOR A MINOR CHILD IS RESPONSIBLE FOR ALL CHARGES/BLANCES FOR TREATMENT PROVIDED TO THE CHILD.**

**Only custodial parents may authorize other parties to consent to their children’s treatment.**

**Consent to Treat Minor Patient**

I, am the parent/legal guardian of ,

 Print full Name of Parent/Legal Guardian Print Full Name of Minor Patient

Whose date of birth is: / / . As such, I hereby authorize the following individual(s) to accompany my child to his/her appointment if/when I am unable to accompany him/her myself:

 **Name Relationship to Patient**

I understand that this authorization shall remain in effect until my child turns eighteen years of age or until I revise or revoke it. I further understand that once my child reaches the age of majority, my consent for treatment is no longer required and I will ONLY be granted access to information regarding my child’s care if he/she authorizes the release of such information to me. I further understand that it is policy of Yardley Dermatology and this office that the adult presenting the child for treatment is responsible for payment of the patient’s copayment/ coinsurance/ deductible at the time services are rendered. By signing this authorization, I acknowledge that I have read and understand this content.

 Parent/Legal Guardian Signature Date

**Unaccompanied Minor\* (For Patients 16 and Older)**

I, am the parent/legal guardian of ,

 Print full Name of Parent/Legal Guardian Print Full Name of Minor Patient

Whose date of birth is: / / . As such, I hereby authorize Yardley Dermatology Associates and its medical personnel to treat my child in my absence. I understand that my child is responsible of any copayment/coinsurance/deductible amount at the time services are rendered.

 Parent/Legal Guardian Signature Date

Emergency Contact:

 Name Telephone Number

**\*Our office requires patients under the age of 16 to be accompanied by an adult**