DEPARTMENT OF HEALTH AND HUMAN SERVICES
HASKELL INDIAN HEALTH CENTER * 2415 MASSACHUSETTS, LAWRENCE, KS 66046 (785)-843-3750

Dear Parents,

We want to inform you of a new policy regarding pediatric patients at our clinic. Moving forward, it is necessary for all pediatric patients to be accompanied by their parents or legal guardians during their visits. This policy is in line with the regulations set forth by the State of Kansas for access and consent to health services for minors, as our clinic operates within the state.

To provide clarity on why this policy is in place, here are some key points:

1. The age of consent for medical, surgical, hospital, dental, and optometry services in Kansas is 16 years old (Kan. Stat. &38-123b).
2. In emergency situations where immediate care is required for patients younger than 16 years old, providers may administer treatment under the "implied consent" doctrine if parental consent is not readily available. However, parents/guardians will be informed as soon as possible thereafter.
3. If patients under 16 years old attend their clinic visit without a parent/legal guardian, the accompanying responsible adult must have a signed letter from the parent/legal guardian specifying the date and purpose of the visit **(We have attached a template of what information the letter needs to include).** Failure to provide this letter will result in the inability to proceed with the appointment, with efforts made to reschedule.
4. For patients under 16 years old receiving vaccines without parental accompaniment, attempts will be made to obtain verbal consent via telephone. If unsuccessful, the accompanying adult may sign the consent form in place of the parent/guardian.
5. Pediatric patients of any age can still access sexual and reproductive health services (such as pregnancy testing, birth control education and services, and STI testing) without parental accompaniment or consent.

We believe these measures are essential for ensuring the safety and well-being of our pediatric patients. Thank you for your understanding and cooperation as we implement this policy.

Sincerely,

CAPT Shannon Lowe, CEO

To whom it may concern,

My child, _____, will be accompanied by
(Name of patient)

_____for their pediatric appointment on _____
(Name of person bringing patient) (date of appointment)

for _____.
(Specific reason of appointment)

Parent's full name _____

Parent's signature _____ Date _____