

## **Definitions**

Emergency Care – Includes those medical services required for the immediate diagnosis and treatment of medical conditions which, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death. Consent is not necessary to provide emergency care.

Routine Care - Care for stable patients whose condition will not deteriorate over time and/or will typically resolve on its own. Examples include well child visits, preventative medicine, immunizations, screening test, minor illnesses or injuries, colds, seasonal allergies, sports or school physicals, or any complaint for a problem chronic in nature. *There is no legal requirement to provide non-emergency care.*

Consent by Proxy – Process of delegating authority to another person the legal right to consent to medical treatment for or a minor. Constraints on consent by proxy of a minor include:

- The guardian of the minor must have the right to consent to medical treatment for the minor.
- The guardian must be legally and medically competent to delegate the right to consent to medical treatment for the minor;
- The right to consent for treatment for a child must be delegated to a legally and medically competent adult.

Minor – A person under the age of 18 (age of majority in Arizona) who is not legally emancipated by a court and is:

- Not legally or previously married
- Not serving in the armed forces
- Not at least 16 years old and living away from home and financially independent

## **Policy**

Phoenix Service Unit will ensure that all state and federal laws pertaining to consent for treatment of a minor are observed to protect the rights of the patient. (Refer to *Treatment of Minors* policy for details)

- A. Providers are required to obtain permission from the legally authorized representative (LAR), or have a current consent by proxy on file for the minor, before performing a medical or surgical test, procedure or treatment on a minor.
- B. Consent by proxy is necessary prior to providing routine care. Minors, without parent or legal authorized representative and no completed proxy form on file may not receive treatment for routine care.
- C. The LAR, usually the parent, is responsible to provide consent by proxy if they wish delegate the authority to another individual to accompany the minor for non-emergency treatment.

- D. All *Consent by Proxy* forms (see attachment A) must be completed, signed by a staff as witness and placed in medical record of patient.
- E. Exceptions to the requirement for consent by parent or legally authorized representative include; emergencies, emancipated minor, sexual assault, sexually transmitted diseases, drug abuse and alcohol dependency. (Refer to *Treatment of Minors* policy)

**Procedure**

- A. Clinic staff will educate parents or legal guardians on the requirement to delegate authority to persons who may consent to their child's care if they are not available.
- B. Staff will provide parent(s) with the *Consent by Proxy* form (attachment A) and request form to be completed. Staff may sign as the witness. If parent/guardian takes the form home to complete, the form must be returned to clinic by the parent/guardian and witnessed by staff or notarized prior to presenting to the clinic.
- C. The form is filed in the minor's medical record and information is updated in RPMS as necessary.
- D. The consent by proxy is time limited and dates are reflected on the completed consent form.

PHOENIX INDIAN MEDICAL CENTER

Authorization to Consent for Treatment of Behalf of a Minor

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of the above name child, authorize the following individuals (must be 18 years older or older) to act on my behalf to consent for medical treatment:

_____ (Printed Full name of Individual Authorized to Give Consent)	_____ (Relationship)	_____ (Phone Number)
_____ (Printed Full name of Individual Authorized to Give Consent)	_____ (Relationship)	_____ (Phone Number)
_____ (Printed Full name of Individual Authorized to Give Consent)	_____ (Relationship)	_____ (Phone Number)

This authorization is limited to the time period \_\_\_\_\_ to \_\_\_\_\_. If no time period is designated, this authorization shall terminate from one year of the signature date.

I understand that the individuals designated above have been authorized to perform a significant function, and I have not given authorizations to any individual without due consideration. I understand this consent is temporary, and does not represent full legal transfer of guardianship of the named child. Further, I will not hold Phoenix Indian Medical Center liable for failing to contact me before providing medical treatment to my minor child based upon the authorization of one of the individuals I have herein designated.

If, in the future, I have determined that one or more of these designated individuals shall no longer have the right to authorize medical care for my minor child, I agree to notify Phoenix Indian Medical Center by appearing in person with picture identification and filling out a new form.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Staff Witness Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Staff Witness Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date