

Permission to authorize routine examination and treatment of a minor

By checking this box, I am revoking all previous Permission to Authorize Routine Examination and Treatment of a Minor forms.

Minor Child's Name: _____ Date of Birth: _____

I, _____ give the person(s) identified below permission to accompany my child to the ProHealth office without the presence of the parent/s. They also have my permission to authorize routine examination and treatment of my child listed above, and the prescription of medications that do not ordinarily involve any significant risks. This includes but is not limited to well visits, vaccination, and routine examination and treatment for non-emergent medical problems.

Name:	
Phone Number:	Relationship to Patient:
Name:	
Phone Number:	Relationship to Patient:
Name:	
Phone Number:	Relationship to Patient:

By checking this box, I am giving permission to my child to receive routine care and treatment unaccompanied by a parent, guardian, or approved adult listed above.

This does not authorize the designated person/s to provide an informed consent to procedures or treatment that may involve significant risk such as operations, or the prescription of medications that may involve significant risk such as opioids or birth control pills.

NOT EFFECTIVE UNLESS SIGNED AND DATED

Signature of Parent/Guardian: _____ Date: _____

Office Use Only: Administrative: Consent Forms: Consent for Treatment MRN _____



Nondiscrimination Notice and Access to Communication Services

ProHealth Physicians does not discriminate on the basis of sex, age, race, color, national origin, disability, or on the basis of any other discrimination prohibited by applicable law.

Free services **are** available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-855-286-3411.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, disability or any other discrimination prohibited by applicable law, you can send a complaint to:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number 1-877-773-5388. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number 1-855-286-3411.

Language Assistance Services and Alternate Formats, continued

1	Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-286-3411.
2	Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-286-3411.
3	Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-286-3411.
4	Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-286-3411。
5	Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-286-3411.
6	French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-286-3411.
7	French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-286-3411.
8	Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-286-3411.
9	Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-286-3411.
10	Arabic	لمحوظة: إذا لقيت صعوبة في فهم اللغة فإِنَّ خدماتنا من إعداد اللغة متوفرة لك مجاناً. اتصل برقم 1-855-286-3411.
11	Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-286-3411번으로 전화해 주십시오.
12	Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-286-3411.
13	Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-286-3411 पर कॉल करें।
14	Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-286-3411.
15	Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-286-3411.