



CONSENT TO TREATMENT – Emancipated Minor POLICY AND PROCEDURES

MSRDP Operating Procedure Number: MSRDP 2.002 see: Quality Management 01.003.10
Effective Date: April 2002
Prepared By: MSRDP Administration and UNTHSC Quality Management
Purpose: To ensure medical treatment is not provided without proper consent
Approval: _____
Chairman, MSRDP Board of Directors

- 1.0 **Policy** Prior to medical treatment of a minor, the parent or legal guardian must give consent, unless the minor meets the definition of an emancipated minor.
- 2.0 **Purpose** To ensure medical treatment is not provided without proper consent.
- 3.0 **Definitions** An emancipated minor is 16 years or older, resides separately and apart from his/her parents, managing conservator, or guardian (regardless of their consent), and manages his/her own financial affairs (regardless of their sources of income).
- 4.0 **Procedures** A minor may consent to his/her own medical, dental, psychological, and surgical treatment by licensed physician or dentist if the minor:
 - 4.1 Is on active duty with the armed forces of the United States.
 - 4.2 Is 16 years or older, resides separately and apart from his/her parents, managing conservator, or guardian (regardless of their consent), and manages his/her own financial affairs (regardless of the sources or income).
 - 4.3 Consents to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required to be reported.
 - 4.4 Is unmarried and pregnant, and consents to hospital, medical, or surgical treatment, *other than abortion*, related to her pregnancy.
 - 4.5 Consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use.



- 4.6 Is unmarried and has actual custody of the minor's biological child and consents to medical, dental, psychological, or surgical treatment for the child (in other words, a minor unmarried parent who has custody of his/her own child can consent to his/her own treatment).
- 4.7 Consents to counseling by a physician, psychologist, counselor, or social worker for sexual, physical, or emotional abuse, suicide prevention, or chemical addiction or dependency.
- 4.8 A physician, dentist, psychologist, hospital, or medical facility may rely on the written statement of a minor containing grounds on which the minor has capacity to consent to his/her own treatment.
- 4.9 A licensed physician, dentist, psychologist, counselor or social worker may, with or without the minor's consent, advise the parents, managing conservator, or guardian of the treatment given to or needed by the minor.
- 4.10 Consent is not required when:
 - 4.10.1 In an emergency, consent is not required for emergency care of a minor who is suffering from what appears to be a life-threatening injury or illness and whose parents, managing conservator, or guardian is not present.
 - 4.10.2 Suspicion of child abuse.
- 4.11 The Emancipated Minor may receive needed services as an adult providing the special consent form and any other necessary consent for treatment forms are properly signed.
- 4.12 The Consent to Treatment form is to be located in each minor's medical record.

5.0 References

6.0 Follow-Up and Review Policy to be reviewed as needed or every three (3) years.

7.0 Responsibility Senior Associate Dean and Chief Medical Officer
Vice President, Practice Operations and chief Administrative Officer
Members of Physicians and Surgeons Medical Group
Senior Administrative Official in each Patient Care Department
Director of Quality Management

