Cisneros Center OBGYN 9981 N Washington St Ste 22, Thornton, CO 80229

Phone: 303-252-1247 Fax: 1-844-849-2160

**Treatment of Minors Under 18 Years of Age Consent Form**

Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of Cisneros Center of Obstetrics & Gynecology to abide by the federal law in the treatment of minors. We encourage minors to share information with their parents or to authorize the release of information. When insurance is involved, some information must be released to the carrier and also disclosed to the insured party.

I have read the above statement and understand the policy of the Cisneros Center of Obstetrics & Gynecology. Any questions have been answered to my satisfaction.

Date of treatment(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR THE TREATMENT OF A MINOR:**

Minor Patient's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for release of information to Parent or Guardian above**

 Signature of Minor Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_