

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

On occasion, I will not accompany my child to his/her visit. I, the undersigned parent of _____ a minor, do hereby authorize **Ortho Montana, P.S.C. (Group)** and attending medical personnel to examine, treat, perform diagnostic testing as indicated and advise my child regarding his/her treatment, illness, injury, or other health concern without my presence. I understand that my child and I will be provided with:

- The diagnosis or suspected diagnosis
- The nature and purpose of the proposed treatment procedure and its anticipated benefits;
- The risks, complications, or side effects;
- All reasonable available alternatives;
- The possible consequences if advice is not followed.

I understand that the above list is not all-exclusive, and serves only as a means of example as to the type of examinations or discussions that may occur with my child.

I have read and understand the type of disclosures and examinations that may occur and authorize the Group to evaluate and treat my child. I also authorize my child to acknowledge the treatment provided by Group. Such acknowledgement may occur by signing the billing slip to authorize my insurance benefits to be paid directly to the treating provider. I understand, that at all times, I remain ultimately responsible for all care rendered to my child, including Non-Covered services. I further authorize Group to release all pertinent information to insurance carriers and other applicable third party payors in order to obtain payment for any service rendered to my child.

This authorization shall remain effective until my child reaches the age of eighteen. I understand that I may revoke this consent in writing, except to the extent that Group has already taken action in reliance thereon.

I certify that this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.

Print Name of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Relationship to Minor

Relationship to Minor

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Date

Witness