



Healthy Children, Healthy Communities

LUFKIN • WOODVILLE • JASPER • RUSK

POLICY REGARDING WHO MAY SEEK TREATMENT AND RECEIVE INFORMATION

Because we have had problems in the past with legal issues involving divorce, separation, stepparent or grandparent rights, we have had to implement stricter policies regarding who is authorized to receive medical information or seek treatment for children.

A legal guardian who brings in a new patient will be required to submit a photo ID, a copy of which will be placed in the chart. This person will also be asked to fill out a third party consent form listing the people who have authority to seek treatment for the child. Only people so authorized by the legal guardian will be allowed to seek treatment for the child. If a person claiming to be the one listed on the third party consent form brings in the child for treatment, he or she must present a photo ID that matches the name on the said form. If the person seeking treatment is not authorized, The Children's Clinic reserves the right to refuse treatment.

The legal guardian will also be asked to fill out an information release form listing the people to whom certain medical information can be released. Only the people listed on this form will have access to this information.

In cases of divorced or separated parents, The Children's Clinic will treat children brought in by anyone listed on the third party consent form. If one parent decides he or she would like to prevent the other from seeking treatment for the child, he or she must present legal documents stating who is authorized by the court to seek treatment.

Step-parents will not be permitted to seek treatment for the child unless there are legal documents giving permission or the stepparent is listed on the third party consent form. Medical information will not be released to stepparents under any circumstances unless, The Children's Clinic has expressed written permission from the child's legal guardian. These rules apply even if the stepparent is the legal guardian of another child who is a patient at The Children's Clinic.

Grandparents will not be permitted to seek treatment for the child unless the grandparents are listed on the third party consent form. Medical information will not be released to the grandparents under any circumstances unless The Children's Clinic has expressed written permission from the child's legal guardian.

I have read, understood, and will agree to abide by the policy detailed above.

Signed _____ Date _____

Guardian's Name _____ Child's Name _____