

<b>Community Healthlink Policy and Procedure Manual</b>		
<b>Section:</b> 7 Clients' Rights and Responsibilities	<b>Policy Number:</b> 7-09-2	<b>Effective Date:</b> 09/23/2014
<b>Title:</b> Consent relating to treatment of a minor child and Guardian standby and emergency proxy		<b>Review Date:</b> 08/17/2015
<b>Scope:</b> Minor children under guardianship		<b>Originated:</b> 12/23/04
<b>References:</b> MGL Chapter 201D		
<b>Revision:</b> 7/11/05, 09/23/2014		

**Purpose:** The purpose of this policy is to provide documentation to allow treatment and proxy care for those clients below the age of majority.

**Definitions:**

**Policy:** There are circumstances that arise in which a minor child presents for treatment and the responsible adult with the child is a care-giver but not the legal guardian. The following forms allow the legal guardian the opportunity to sign the child into treatment and designate another adult as their proxy in regard to the child's treatment at Community Healthlink, Inc.

**Responsibility:** Intake clinician

**Procedures:** In those circumstances where the child is not with their legal guardian(s), the attached forms may be used.

In the event of a complicated legal situation, advice from the Vice President of Operations and/or Legal Counsel should be obtained.

**CONSENT RELATING TO TREATMENT OF MINOR PATIENT**

Minor Patient's Name:		
Date of Birth:		
Legal Guardian/Parent's Name:		
Legal Guardian/Parent's Address:		
Legal Guardian/Parent's Phone:		

To facilitate treatment of my child, ("Minor Patient"), by Community Healthlink, Inc., the undersigned parent or legal guardian of the Minor Patient hereby agrees as follows:

I am a parent or legal guardian of the Minor Patient authorized to make health care decisions on behalf of the Minor Patient.

I hereby give the following person(s)

Proxy Name:		
Proxy Address:		
Proxy Phone:		

(herein referred to as "the Proxy") permission to obtain access to Patient Health Information, approve treatment plans and give informed consent for care and treatment with respect to all treatment deemed necessary by Community Healthlink, Inc.

I further agree to allow the above named access to Patient Health Information needed to make informed consent decisions, I authorize Community Healthlink, Inc. to provide the Proxy with Patient Health Information relating to the Minor Patient. "Patient Health Information" means all medical records and treatment records relating to the Minor Patient which are protected and confidential Massachusetts state law and 146.82, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), and the Standards for Privacy of Individually Identifiable Health Information ("HIPAA Privacy Regulations"), 45 C.F.R. Part 160 and Part 164, subparts A and E.44077 R8/04 2

**Duration.** This authorization is valid for a maximum period of one (1) year, commencing on \_\_\_\_\_, and expiring on \_\_\_\_\_. This authorization may be

revoked by me at any time prior to that expiration date by providing Community Healthlink, Inc. with written notice. Please send the written notice to: Compliance Manager, Community Healthlink, Inc., 72 Jaques Avenue, Worcester, MA 01610, Fax: 508-860-1115

**Release.** I agree to release Community Healthlink, Inc. from liability for any claims resulting from Community Healthlink's provision of patient care and release of Patient Health Information in reliance upon this authorization.

I have carefully read and considered this consent form before signing it.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Witness: \_\_\_\_\_

**GUARDIAN – STANDBY AND EMERGENCY PROXY**

In accordance with M.G.L. Ch. 201, sec. 2G, I \_\_\_\_\_ and I,  
 \_\_\_\_\_ of \_\_\_\_\_, parent(s) of  
 \_\_\_\_\_ do hereby appoint \_\_\_\_\_ of  
 \_\_\_\_\_, Massachusetts, standby and emergency proxy for our son/daughter, \_\_\_\_\_ a  
 minor born on \_\_\_\_\_ in \_\_\_\_\_, Massachusetts.

By executing this document, we understand that \_\_\_\_\_ shall have, with us,  
 concurrent authority to act as guardian for \_\_\_\_\_ for a period not to exceed  
 sixty (60) consecutive days from the date as written below.

Signature: _____	Date: _____
(parent)	
<b>and/or</b>	
Signature: _____	Date: _____
(parent)	

Witness Statement: We, the undersigned, each witnessed the signing of this Guardian – Standby and Emergency Proxy by the Parent(s), or at the direction of the Parent(s), of the minor who is the subject of this instrument. We are each eighteen (18) years of age or older, are of sound mind and under no constraint or undue influence.

<b>Witness #1</b>	
Signature: _____	Date: _____
Name (print): _____	
Address: _____	
_____	
<b>Witness #2</b>	
Signature: _____	Date: _____
Name (print): _____	
Address: _____	
_____	

Proxy Statement: I, the undersigned, hereby accept the appointment as Guardian – Standby and Emergency Proxy for the minor who is the subject of this instrument.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Proxy)

**COMMONWEALTH OF MASSACHUSETTS  
WORCESTER COUNTY**

Personally appeared before me, \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_ whose names are signed to the  
foregoing instrument and all of these persons, being by me duly sworn, acknowledged the foregoing  
instrument to be his/her free act and deed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_  
Name (print)

NOTARY PUBLIC  
My Commission

Expires: \_\_\_\_\_