Oakwood Women's Centre
At Round Rock

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BOARD CERTIFIED IN OBSTETRICS AND GYNECOLOGY

Under Texas law, a minor (under age 18) CAN GIVE CONSENT FOR EXAMINATION AND TREATMENT AND CAN CONTROL RELEASE OF THEIR MEDICAL RECORD only if:

- They are on active duty with military
- They are married
- They are 16 or older and living apart from parents & manage their own financial affairs
- They are being treated for infectious, contagious or communicable diseases reportable to TDH
- They are unmarried and pregnant
- They are being treated for sexual abuse, suicide prevention, physical abuse or chemical addiction/dependency
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I hereby declare that one of the above situations applies to me and I can legally consent for my own treatment.

_____ _____
Patient Name Date

_____
Patient Signature

IF ONE OR MORE OF THE ABOVE CIRCUMSTANCES DOES NOT APPLY TO YOU THEN PARENTAL CONSENT IS REQUIRED FOR YOUR EXAMINATION AND TREATMENT.
PLEASE COMPLETE THE FORM BELOW.

CONSENT FOR TREATMENT & CONFIDENTIALITY AGREEMENT FOR MINORS

PARENTS:

I,_____(parent/ guardian), allow_____(patient), to enter a confidential patient-physician relationship. I understand that she can make independent health care decisions, but that my input and involvement will be encouraged.

_____(patient) has my permission to schedule appointments, consent for treatment and receive confidential reports from this office. I further understand that various lab tests may be medically necessary and accept financial responsibility for fees associated with those services.

_____ _____
Parent Signature Date

PATIENT:

I,_____(patient), am entering a confidential physician-patient relationship with the providers of OWC (physician, nurse practitioner). I will make an effort to communicate with my parent/ guardian about issues concerning my health. I accept the personal responsibility of being honest and will follow the health care recommendations my provider and I establish.

_____ _____
Patient Signature Date

All Patients initial your preference below (ONLY CHOOSE ONE):

_____It is my preference for OWC staff to discuss my medical records with my parent/ guardian.
_____It is my preference for OWC staff **NOT** to discuss my medical records with my parent/ guardian.

***This consent is valid for one year. Revised 9/2010