Ballard Teen Health Center
Consent for Health Care Services

Ballard Teen Health Center (BTHC) located at Ballard High School must have a signed consent from a parent or legal guardian before providing health care services to youth, except in situations where federal and/or state laws allow youth to access and consent to treatment without parent/guardian consent.

I hereby request and authorize BTHC, and its physicians, health care professionals, personnel, and staff (collectively, "BTHC Staff") to provide to:

Print Youth's Name: _____ _____
First Name Middle Initial Last Name Birth Date

such health care services available from and deemed necessary or advisable by the BTHC Staff. Health care services may include, but are not limited to, well-teen care procedures, evaluation and treatment of acute illness and injuries, immunizations, blood studies, photographs and X-rays. I further authorize referral of the youth's care and transportation to other physicians, health care professionals, hospitals, clinics, or health care agencies if deemed necessary or advisable by the BTHC Staff.

I acknowledge that I have received Swedish Medical Center's Notice of Health Information Practices that describes how health information may be used and disclosed. I understand that when the youth receives health care services at BTHC for those situations where federal and/or state laws allow the youth to consent to treatment without parent/guardian consent, all information related to such care will be kept confidential except in the following circumstances:

- The youth permits release of information through a signed authorization.
- The youth exhibits a risk of imminent harm to self or others.
- The youth has a life threatening health problem and is under 18 years old.
- There is reason to suspect abuse or neglect.
- Certain communicable diseases must be reported to public health authorities.
- Other disclosures as required by law.

This consent is authorized for such time the youth is enrolled at Ballard High School. I understand that I may choose to withdraw this consent at any time by writing to BTHC. I understand, however, that even if I as parent/guardian withdraw consent for the youth's health care services, the youth may still seek treatment at BTHC in situations where federal and/or state laws allow youth to access and consent to treatment without parent/guardian consent.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian (and Guardian's relationship): _____

Parent/Guardian Address: _____

Telephone: (_____) _____ Work Telephone: (_____) _____

SWEDISH
Ballard
SEATTLE, WASHINGTON