CONSENT FOR MINORS

Best number where we can reach you: _____________________________ ☐ Home Phone ☐ Pager ☐ Cell Phone

OK to send an appointment reminder by text message? ☐ Yes ☐ No ☐ At different number: __________________________

By law in California I can receive certain services without consent from my parent or legal guardian. These services include:

- diagnosis and treatment of sexually-transmitted infections
- pregnancy testing and referrals
- prescriptions for birth control (e.g., condoms, the pill)
- alcohol and drug abuse counseling or treatment
- mental health assessment and crisis intervention/counseling
- treatment for medical emergencies

Our priority is to protect your health and safeguard your legal rights. Please read the following section carefully and sign below.

ABOUT CONFIDENTIALITY

I understand that information about my health and health care will be kept confidential. However, I understand that La Clínica staff may share or be required to share this information in the following situations:

1. Staff within La Clínica may share information about my health or health care with one another in order to best help me.
2. To bill health insurance programs (e.g., Medi-Cal or Family PACT).
3. Staff may share information about me or my health care with researchers or evaluators, but this information will not be attached to my name.
4. If they judge that I am at risk of hurting or killing myself, La Clínica staff must report this to the police and will probably tell my parent(s) or legal guardian.
5. If I have threatened to physically hurt or kill another person, they must report this to the police and to the person(s) involved.
6. If I share information about physical, sexual or emotional abuse or neglect, they must report this to Social Services and/or the police.
7. If I am under 16 and having sex with someone 21 or older; or if I am under 13 and having sex with someone 14 years or older, they must report this to CPS and/or the police.
8. If I come to La Clínica drunk, high or otherwise under the influence and the staff think I am at risk of hurting myself or someone else, they might call my parent or guardian to help make sure I’m safe.
9. If I bring weapons or other dangerous objects into La Clínica.
10. If I sign a consent to release this information to another health care provider.
11. If a judge requires La Clínica to share this information with the courts.
12. La Clínica staff may confirm with my teacher that I was in La Clínica to clear my absence, but not why I was there.
13. If I test positive for certain sexually-transmitted infections, I understand that La Clínica will need to report this information to the County Health Department, and that the County MAY attempt to contact me.

By signing below, I acknowledge that I:

☐ have read and understand the information described above, including the conditions about confidentiality.
☐ agree to fill out a Client Survey that asks some personal questions about me.
☐ verify that I have received a copy of La Clínica’s Notice of Privacy Practices.
☐ have received a copy of this consent form.
☐ verify that I have received a copy of La Clínica’s Patient Rights & Responsibilities.
لا يمكنني قراءة النص العربي من الصورة. لا يمكنني تقديم نص طبيعي من الصورة المقدمة.