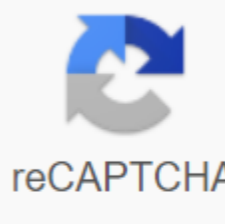


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Author of copyright information and disclaimer! information license I am an adult psychiatrist living in a small community with very few psychiatrists and even fewer children and adolescent psychiatrists. Recently, a local pediatrician asked if I wanted to see some of her patients who needed more specialized care than she could provide. I'm sure I'll be able to meet the needs of these patients clinically, but I have to admit I'm a little obscure as to the issues of consent and release information. This is the well-established principle that a doctor or other doctor must obtain the consent of that patient before treating a patient.¹ What is a relatively simple sentence becomes less obvious in the treatment of minors. There, doctors often face the question of who can consent to treatment and under what circumstances? In most states, 18 years of age is the age of majority, and thus, before treating a patient under the age of 18, consent must be obtained from the parent of the patient or the legal guardian. This seems relatively simple; however, with today's reality of mixed families and children running around nannies and other caregivers, it is not always easy to determine who accompanies the patient and whether he or she has the legal authority to grant consent. In order to avoid confusion, consider the following: Require that the parent accompany the minor patient to the first appointment. If a minor is in the custody of a legal guardian, ask for proof of custody before treatment. If a minor must be brought to subsequent caregiver meetings, have a parent/guardian sign a permit for the treatment of a minor without a parent/guardian present. Reach an understanding with parents/guardians about when their presence will be needed at the reception and do the same in writing. Do not start or change the medications of a minor patient without one conversation with the parent/guardian. If the parents of a minor are separated or divorced, reasonable steps should be taken to determine which parent has the legal authority to consent to treatment, to what extent each parent should be involved in the decision-making process and who can access information about the minor. It should not be assumed that just because one parent accompanies a minor patient to an appointment that he or she has the sole right to consent. When a couple divorces (or when a divorce before the review), the court usually grants primary residential custody to one of the parents with visitation rights granted to the other. How To however, legal guardianship was generally provided, which allowed each of them to make decisions regarding their child's health and to receive information about the same. It is advisable to always request a copy of the divorce decree or custody agreement in the treatment of the children of divorced or divorced parents. While any parent may legally have the right to consent to treatment if a minor patient is treated for a certain period of time, and especially if medication is provided, it is helpful to meet with both parents to gain consensus on a care plan. This will help ensure that the treatment plan is adhered to, no matter who the patient is with. In the event that someone other than the parent, such as a grandparent or stepfather, will bring a minor to an appointment, it is recommended that there be a discussion with both parents of recognition and consent to that arrangement, and that the agreement will be committed to writing carefully documenting the limits of that person's authority. There may be minor patients for whom the ad litem guardian or legal guardian has been appointed to represent the minor. In these cases, it is often a government agency that has a legal custody of a minor and is a legal guardian. The duties and limits of the guardian's powers will be specified in the court order. Obtain a copy of the court order and carefully examine it before treatment to determine any limitations on the ability of the legal guardian to consent to the treatment of a minor patient. Although the law traditionally considers minors incompetent to obtain consent for medical treatment, most states now have laws that give minors the right to consent to treatment in specific situations.² Examples of which are:

release by court order. A child under the age of 18 who lives independently without parental support and makes his own day-to-day decisions may apply to the court for release. If granted, the minor would have the same legal rights as an adult, including the right to consent (and refuse) treatment. If a minor patient advises you that he or she is emancipated, obtain a copy of the decree to put in the patient's record. Situational emancipation. Depending on the state, minors who are married or married are parents themselves, attend college away from home, are members of the armed forces, and other such situations may be permitted to consent to treatment on their own behalf. States may also allow minors to consent to treatment in cases where there is no immediate presence of parents or guardians, and delay in treatment may lead to harm to a minor. Type of treatment. Minors are often allowed to consent to the treatment of such things as substance abuse, psychiatric care and birth control. In several states, such as Vermont and this right is granted to minors at the age of 12.2If these laws vary greatly, it is important that psychiatrists familiarize themselves with the specific laws of their state. By allowing a minor to consent to treatment, it is important to remember that while a minor may meet the legal criteria for granting consent, the psychiatrist must continue to satisfy him or himself that the minor patient has the ability and maturity to understand what he or she agrees to. Carefully document under what circumstances a minor has the right to consent to treatment on his behalf. If the parent or guardian does not have consent and the delay in treatment will endanger life or cause serious harm to the patient, consent is supposed. However, to the extent that this is possible, consent to any ongoing treatment is required. When a minor is allowed to consent to treatment, a conversation must take place in which the juvenile's privacy expectations are discussed. As a rule, the right to consent to treatment goes hand in hand with the right to confidentiality. While it is important to respect the patient's right to privacy, the health of a minor may be preferable (or even necessary) to convey to the parents of a minor. Therefore, underage patients should be booked behind the front, which may be the moments when you fail to comply with their privacy requests. In cases where the doctor believes that without the involvement of parents and guidance, the minor will face a serious threat to health, and there is reason to believe that the parents will be useful and understanding, the disclosure of the problem to parents is ethically justified. When a doctor violates confidentiality regarding the parents, he or she must discuss the reasons for the violation with the minor before disclosing the information. 3In the current concern is the payment of treatment. In cases where a minor agrees to care, the psychiatrist and the minor must come to an understanding of who will be responsible for paying the psychiatrist's fees and how this may affect confidentiality. If a minor intends to use their parent's insurance, the parent is likely to be aware of the treatment and may then have questions from a psychiatrist. If you have additional questions, it is advisable to consult your risk manager or health attorney. SUBMIT YOUR OWN REPORT: To submit an email, Elizabeth Klumpp, executive editor, moc.mocdemxirtam@ppmulke. Include the Risk Management Column in your email subject line. All selected questions will be published anonymously. All questions are reviewed by editors and selected on the basis of interest, timeliness and as defined by the editors. There is no guarantee that the question will be published or answered. The questions that intended for publication by authors should u say this in an email. Published questions are edited and can be reduced. Articles from Innovation in Clinical Neuroscience are provided here courtesy of Matrix Medical Communications moving forward or backward between articles by clicking the arrows. Click or click to bring up Table Contents.Share articles by clicking on one of the social media icons in the top right corner of the page. Use the mouse wheel, keyboard arrow keys, or scroll the bar to move up and down in the article. Author of copyright information and disclaimer! information license I am an adult psychiatrist living in a small community with very few psychiatrists and even fewer children and adolescent psychiatrists. Recently, a local pediatrician asked if I wanted to see some of her patients who needed more specialized care than she could provide. I'm sure I'll be able to meet the needs of these patients clinically, but I have to admit I'm a little obscure as to the issues of consent and release information. 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SUBMIT YOUR OWN REPORT: To submit a question by email Elizabeth Klumpp, executive editor, moc.mocdemxirtam@ppmulke. Include the Risk Management Column in your email subject line. All selected questions will be Anonymously. All questions are reviewed by editors and selected on the basis of interest, timeliness and pertinence, as defined by the editors. There is no guarantee that the question will be published or answered. Issues that are not intended to be published by authors should be read in an email. Published questions are edited and can be reduced. Articles from Innovation in Clinical Neuroscience are provided here courtesy of Matrix Medical Communications Communications consent to treat minor without parent form

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