



Minor Self-Consent for Treatment

Name: *(printed)* _____ DOB: _____ SSN: _____

I am under 18, but I give Variety Care consent to provide me medical care under 63 O.S. §2602 because:
(check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> I am married | <input type="checkbox"/> I am or have been pregnant | <input type="checkbox"/> I have/had a STI |
| <input type="checkbox"/> I am legally emancipated | <input type="checkbox"/> I have a child | <input type="checkbox"/> I have a drug or alcohol abuse issue |
| <input type="checkbox"/> I am independent from my parents/guardian and support myself | | |

This is a consent form. Please read carefully and ask a staff member if you have questions.

- I approve medical care from Variety Care providers and staff. I understand there are dangers and risks from any medical treatment. I accept these risks.
- I understand that I am responsible for all the charges, whether my insurance pays all of it or not.
- I understand that lab tests are separate from my visit and I may be charged an additional fee for them.
- I understand that this consent is valid for up to a year. I may stop my consent earlier by telling Variety Care Staff that I no longer consent.
- I may only consent to the services allowed under 63 O.S. §2602 and Variety Care might have limits on what they can treat without consent from my parent/guardian. My provider will discuss this with me if necessary.
- I agree that all the information I have given is correct.

We may need to contact you about your health. You will be contacted at the numbers we have on file.

Is there a better way to contact you? Yes No

Phone: _____ Other: _____

Signature of Patient: _____ Date: _____