

CONSENT FOR TREATMENT OF A MINOR

Print Name of Minor Patient

Birth Date

Aggie ID #

Print Name of Parent or Guardian

Relationship

Parent or Guardian Phone #

I hereby consent to diagnostic procedures and treatment that may be performed on an outpatient basis and which may include but are not limited to laboratory procedures, or medical treatment done at Aggie Health and Wellness Center by or under the instruction of the patient's provider.

This authorization will remain in effect until the 18th birthday of the listed minor.

I acknowledge that payment for services provided are due at the time services are rendered, by cash, credit card or charged to the minor's university student account.

Authorization is granted to New Mexico State University, its agents and staff to release the minor's medical records to any insurance carrier or third party reimbursements agents who is responsible for payment on any claim that may be made.

A separate consent will be offered when patient/client is seen for counseling services.

I have received, read and understand the Notice of Information Practices and Patient Rights and Responsibilities provided to me from NMSU Aggie Health and Wellness Center.

Signature of Parent or Guardian (circle)

Date and Time