

Minor Consent for Services

Note: A minor is under 18 years of age. If the individual is 18 years or older, (s)he is not a minor

By my signature below, I attest and declare that the criteria checked below applies to my seeking medical, dental, psychological and/or surgical treatment at Legacy Community Health Services. I understand that I cannot later claim that my signature and attestation is invalid.

- ☐ I am a Texas resident, 16 years old or older, living separate and apart from my parents, managing conservator, and/or guardian and managing my own financial affairs.
- ☐ I am a minor seeking:
 - ☐ Counseling for
 - ☐ suicide prevention,
 - ☐ chemical addiction or dependency, and/or
 - ☐ sexual, physical, or emotional abuse;
 - ☐ Treatment of a reportable infectious, contagious, or communicable disease (for example only and not limited to HIV/AIDS, other sexually transmitted diseases, tuberculosis, Hepatitis, etc.;
 - ☐ Treatment related to a pregnancy (other than abortion) and I am unmarried;
 - ☐ Care for my child, a child for whom I have actual custody.
- ☐ I am an emancipated minor by Court order removing the disability of minority.
- ☐ I am married in accordance with the laws of Texas.
- ☐ I am on active duty with the United States armed services.
- ☐ I am under 18 and serving a term of confinement in a facility operated or under the Texas Department of Criminal Justice.

As permitted in the Texas Family Code, I am consenting to treatment based on one of the above.

Printed Name of Minor Patient_____
Signature_____
Date