MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE

Department: Health Services-General Administration **Policy Number:** HHS-HS-ADM 2120

Policy Title: Treatment of Minors

Attachments: Permission to Accompany

Revision History: 1/30/2014, 5/2018, 9/2019 **Revised by/Date:** Holly Hunter, Dr. Mark Bostrom, 3/2021

Approved by: Jan Manary **Date:** 4.2.2021
Jan Manary, Executive Director of HHS

Approved by: **Date:** 4-6-2021
Nicole Anderson, Commissioner of HHS

POLICY STATEMENT: We understand that work and life circumstances may occasionally prevent a parent or legal guardian from coming to a medical appointment for a child under the age of 18 (hereafter referred to as a "minor"). Therefore, this policy is intended to provide a mechanism whereby minor patients may be seen and optimally treated while respecting the circumstances of their parents and/or legal guardians.

PURPOSE: The purpose of this policy is to ensure that necessary consent is obtained prior to rendering medical care to minor patients.

PROCEDURE:

EMERGENCY TREATMENT

Medical, dental, mental and other health services may be rendered to minors of any age without consent of a parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

ALL OTHER TREATMENT

It is recommended that patients under 18 years old be accompanied by a parent or legal guardian unless the minor child has been emancipated, given birth, or has been married.

If a minor's parent or legal guardian is absolutely unable to accompany the child to their appointment, another authorized and responsible adult must accompany them.

- The parent/guardian must complete and send in a "Permission to Accompany" form.
  - This form is good for 1 year from the date it is signed, and can be updated when needed.
  - This form is giving consent for any treatment to take place, which will include the administration of the recommended or due vaccinations.
  - This form must be issued to immediate family members only. These would include:
    - Grandparents
    - Older siblings
    - Aunts or Uncles

        - Foster parents
    - Recognizing that several members of the family may be involved in bringing the minor to the clinic, the clinic will recognize up to three (3) people per form per child. The accompanying individual will be asked to produce a photo ID.
- The minor's parent or guardian may be contacted by phone during the exam by the provider, if specific consent is required.
- If the "Permission to Accompany" form is not filled out prior to appointment by a parent or legal guardian, verbal consent may be obtained from the parent or legal guardian. Verbal consent must be witnessed by two HHS staff.
- Exceptions to this include visits regarding:
    - To determine the presence of treatment of pregnancy and conditions associated with pregnancy.
    - Birth control
    - For sexually transmitted disease/infections.
    - For alcohol or other drug abuse
    - Physical or sexual abuse
    - Mental health services
    - Or special circumstances such as:
        - Any minor who has been married or who has given birth
        - Minor is emancipated

Internal and/or External References	MN Statutes 144.342; 144.344;
	MN Statute 144.344 Emergency Treatment
Compliance - Posting Date	4/6/2021
Replaces – Policy Number	HHS-3106-MED; HHS-1113-A
Next Review - Due Date	4/6/2024

Mille Lacs Band of Ojibwe Health Services
Permission to Accompany

I, _____ *(legal guardian)*, am the legal guardian
of _____ *(patient)*.

Guardian Name(s):	**Patient:**	**DOB:**
Phone:	**Current Medications:**	
Address:	**Allergies:**	

Authorized to Accompany:

1.) Name:	DOB:	Relation:
2.) Name:	DOB:	Relation:
3.) Name:	DOB:	Relation:

This authorized guardian may make decisions regarding medical and dental treatment for my child and may give informed consent to treatment of the patient on my behalf. **To ensure the safety of the patient, the legal guardian must fill out and sign a health history annually before the patient can receive invasive treatment.** If the authorized adult is not intimately familiar with the minor's health history and cannot accurately update it at each visit, the legal guardian must be contacted to update it verbally or via fax.

I understand that it is strongly recommended that I accompany the patient to some appointments specified by the patient's provider.

If there is a service you do NOT want us to provide to the patient, please indicate:

_____

This consent letter is valid for **one year** from the date below.

_____ _____
Signature of Legal Guardian Date

_____ _____
Witness Date