Unaccompanied Minor Visit Consent

This consent form allows a parent or legal guardian to authorize a minor patient to attend medical appointments without a parent or guardian present, including arriving independently (for example, driving themselves to appointments). By completing this form, you are giving permission for Upper Valley Pediatrics to provide medical care to your child during these visits. This consent also acknowledges that certain aspects of a minor's care and access to medical information are governed by state minor consent and privacy laws in Vermont and New Hampshire. Parents and guardians are encouraged to review these laws for additional details regarding consent, confidentiality, and access to health information.

I hereby give consent for my minor child to attend medical appointments without a parent or legal guardian present.

I authorize Upper Valley Pediatrics to provide medical evaluation, treatment, and care as deemed appropriate during these visits.

I understand that certain services may be provided in accordance with applicable minor consent laws in Vermont and New Hampshire, which may limit parental access to specific health information.

I acknowledge that I am responsible for reviewing and understanding these laws as they apply to my child's care.

I understand that visit summaries, test results, and other available information may be accessed through the patient portal, subject to state and federal privacy regulations.

I acknowledge that I remain financially responsible for services provided, and that this consent remains in effect unless revoked by me in writing.

AUTHORIZED BY:

_____ _____

Parent/Legal Guardian Signature **Date**