

Ghassan N. Fanous, M.D.

Obstetrics & Gynecology

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Under Texas Law, a minor (under age 18) CAN GIVE CONSENT for EXAMINATION and TREATMENT and CAN CONTROL RELEASE of THEIR MEDICAL RECORD only if:

- They are on active duty with the military
- They are married
- They are 16 or older and living apart from parents & manage their own financial affairs
- They are being treated for infectious, contagious or communicable diseases reportable to TDH
- They are unmarried and pregnant
- They are being treated for sexual abuse, suicide prevention, physical abuse or chemical addiction/dependency

I hereby declare that one of the above situations applies to me and I can legally consent for my own treatment. I understand that financial situations may be discussed with my parent/guardian if I will use insurance provided by my parent/guardian.

Name

Date

IF ONE OR MORE OF THE ABOVE CIRCUMSTANCES DOES NOT APPLY TO YOU THEN PARENTAL CONSENT IS REQUIRED FOR YOUR EXAMINATION AND TREATMENT. PLEASE COMPLETE THE FORM BELOW

CONSENT FOR TREATMENT & CONFIDENTIALITY AGREEMENT FOR MINORS

PARENT:

I, _____ (parent/guardian), allow _____ (patient) to enter a confidential patient-physician relationship. I understand that she can make independent health care decisions, but that my input and involvement will be encouraged.

_____ (patient) has permission to schedule appointments, consent for treatment and receive confidential reports from this office. I further understand that various lab test may be medically necessary and accept responsibility for fees associated with those services.

Parent

Date

PATIENT:

I, _____ (patient), am entering a confidential patient-physician relationship with Dr. Fanous. I will make an effort to communicate with my parent/guardian about issues concerning my health. I accept the personal responsibility of being honest and will follow the health recommendations my provider and I establish. I understand that financial situations may be discussed with my parent/guardian if I will use insurance provided by my parent/guardian.

Patient

Date

Patient: initial your preference below:

_____ It is my preference for Dr. Fanous' staff to discuss my medical records with my parent/guardian.

_____ It is my preference for Dr. Fanous' staff **NOT** to discuss my medical records with my parent/guardian.

** This consent is valid for one year.