

Women & Adolescents Gynecology Center

Subject: **TREATING UNACCOMPANIED MINORS**

Effective Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Review/Revision**

Date				
Signature				

**Policy**

Women & Adolescents Gynecology Center has a mechanism in place to treat unaccompanied Minors. Minors, particularly teens and pre-teens, frequently arrive for appointments without the accompaniment of a parent or guardian. A signed authorization consent for regular (i.e., noninvasive, non-complex) treatment is preferable to no consent or the minor going without medical care. The following guidelines apply to such situations unless one of the exceptions below is present.

**Purpose**

The purpose is to provide a clear guideline for all staff in the occurrence of an unaccompanied minor seeking treatment.

**Procedure**

**General Rule**

Minor patients (under age 18) lack the legal capacity of consent to medical or dental treatment and the consent of a parent or legal guardian should be obtained. Step parents (unless legally adoptive), foster parents and other relatives have no recognized legal standing to consent on behalf of a minor. All parents and/or legal guardians should be encouraged to accompany their minor children to all medical or dental examinations and/or treatment.

**Exceptions**

Minors have the status of adults with respect to health care decisions if they fit in one of three categories:

1. Emancipated minors – living apart from parents and managing own financial affairs (not necessarily financially independent)
2. Married minors – minor has been or is married
3. Minor mother – minor who has borne a child may consent on her own and on her child’s behalf.

Minors also may consent on their own behalf for diagnosis and treatment involving one of the following five medical conditions:

1. Pregnancy and associated conditions (interpreted to include contraception). Exception: Abortions require notification of both parents.
2. Venereal disease
3. Alcohol or drug abuse
4. Hepatitis B vaccination
5. Emergency treatment

Finally, exceptions may exist based on the mature minor doctrine, i.e., a minor may legally consent to treatment if he/she is capable of understanding the nature and consequences, and can weigh alternatives, of the treatment. However, the legal status of this doctrine is unclear and it should be used only when absolutely necessary.

### **Guidelines**

1. When an appointment is scheduled for a minor, the caller should be informed that, as a rule, minors cannot be evaluated or treated without the consent of a parent or legal guardian. The caller should be encouraged to have a parent or guardian accompany the patient to the appointment unless one of the exceptions mentioned above is applicable. The caller may also be informed of the availability of parental consent forms.
2. If a minor shows up for an appointment without a parent or guardian, the following factors should be considered in making a determination whether or not to treat the patient:
  - a. Nature of visit: i.e., a provider may choose to treat very minor self-limiting conditions or provide routine follow-up checks.
  - b. Severity of illness/injury: e.g., emergency treatment may be provided without consent.

For a less life-threatening yet significant illness/injury, parental consent should be obtained if at all possible, or if there is any question that a patient might choose to remain untreated.
  - c. Invasive procedures, unless in a true emergency, require parental consent.
3. For routine health maintenance visits, an examination may be conducted, but the parent should be contacted to consent to routine treatment such as updating immunizations (except Hepatitis B), etc.
4. For continuing treatment, where the parent has given consent at the outset of the proposed treatment/therapy program, treatment may be provided as long as it is within the scope of the original treatment plan. Any unforeseen complications, which require a change in the treatment plan, should be discussed with the parent.
5. With the exception of treatment for pregnancy (including contraception), venereal disease, alcohol or drug abuse, a provider is encouraged to err on the side of obtaining parental consent for treatment of a minor. This may be done via phone contact when feasible. In some circumstances, evaluations or treatment may have to be delayed until consent can be obtained.