



The Hand Center
OF WATERBURY

Treatment of Minors Policy & Parental Preauthorization for Medical Care to Children Form

In the interest of your child's safety and to promote your understanding of your child's medical condition and treatment options, The Hand Center of Waterbury has adopted the following policies for treatment of minors at our facility. Minors are defined as children under the age of 18 years.

Physician Appointments: It is our policy that any person under the age of 18 needs to be accompanied by a parent or legal guardian for their initial appointment with our physicians.

For follow-up visits, the child must be accompanied by an adult. If that adult is not the parent or legal guardian, they must have written permission to make medical decisions for the child. (The following page provides a parental preauthorization form that may be used for this purpose.) There may also be situations when one of our physicians may need to speak to the parent/guardian by telephone when another adult is present in their place. Please have the accompanying adult prepared with contact information for the parent/guardian during the office visit.

If a child comes to a physician appointment without a parent/guardian, or an adult with out written permission to act, their appointment will be re-scheduled.

Hand Therapy Appointments: It is our policy that any person under the age of 18 needs to be accompanied by a parent or legal guardian for their initial hand therapy appointment. Children between the ages of 16 and 18 may be permitted to attend occupational therapy sessions without a parent or legal guardian if agreed to by both the parent/guardian and the treating therapist. If the therapist thinks it is appropriate for a child to attend therapy without their parent/guardian present (and the parent/guardian agrees,) the parent/guardian will sign a contract with the therapist that states that they give permission for their child to attend therapy sessions without them, and will agree to attend with the child at the request of the therapist.

Parents may be taught how to assist their child with home-based therapy which helps to promote successful treatment and healing.

If a child comes to a hand therapy appointment without a parent/guardian when one has been requested to attend, their appointment will be re-scheduled.

Signed (parent/legal guardian)

Printed Name

Date



The Hand Center
OF WATERBURY

Parental Preauthorization for Medical Care to Children

For families who are ongoing patients of the Practice, it may be more convenient to have prior authorization for medical care delivered to minors without a parent having to be present during treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance.

Authorization

I (we) request and authorize The Hand Center of Waterbury and its personnel to deliver medical care to my (our) child under the supervision of the adult listed below:

Adult Authorized to make Medical Decisions: _____

Relationship: _____

Name of Child/Patient: _____ Date of Birth: _____

If necessary, please try to contact me (us) regarding the health care of my (our) child at the following number(s):

Parent/Guardian's name: _____

Contact Numbers - Work: _____ Cell: _____ Other: _____

Parent/Guardian's name: _____

Contact Numbers - Work: _____ Cell: _____ Other: _____

Note: If any special parental or custodial relationship (such as custody with one parent only, legal custody/guardians with no parent, etc.) is in place, please explain in the space below with your signature, printed name, and a phone number at which you can be contacted.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ End Date of Authorization (if any): _____