

**ALEXANDRIA WOMEN'S CENTER**

304 Masonic Dr - Suite 4001 - Alexandria, LA 71301

Phone: 318-443-7222 Fax: (318) 443-7641

**MINOR PATIENTS**

Our clinic considers any patient under the age of 18 to be a Minor Patient. While this sounds like it makes perfect sense, we would like you to be aware that our philosophy of treatment and care of a Minor Patient is in coordination with Federal Mandates.

From time to time we find that some Minor Patients do not wish to have our physicians discuss their treatment with their parents/guardians. First and foremost, the patient has exclusive rights to privacy. This means that they can exclude their parents/guardians from any discussions; treatments; and records generated from their visit to our clinic. The Minor is a patient and therefore all health information is protected under the HIPAA guidelines which were given to you to read today.

This being said, we ask that should you find yourself in the above position where your child does not wish to allow you to be present while being treated by the physician, that you understand that it is not our intent to "disconnect" a parent/guardian from their child. Therefore, should you feel you have any specific healthcare concerns you want the physician to know about your child, we will allow you a few minutes with the physician to discuss them before he/she begins treatment of your child.

**Also, if you will be calling for results on tests for the Minor Patient, please request a Release of Information form from the front desk. Otherwise we will be unable to disclose any information to the Parent/Guardian. This form must be signed by the Minor patient in front of one of our Privacy Officers and they will guide you through the information.**

Our goal is to provide excellent care to each individual patient while effectively providing an atmosphere of utmost confidentiality. As you can see, this can sometimes be a very fine line to walk. We appreciate your consideration of this policy and thank you for choosing Alexandria Women's Center.

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PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
MINOR PATIENT'S NAME

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SIGNATURE PARENT/GUARDIAN