

University of Nevada, Reno
Student Health Center
Mail Stop 196
Reno, NV 89557
(775) 784-6598

CONSENT BY MINOR TO OWN TREATMENT
Patient Information and Consent

The undersigned minor, less than eighteen (18) years of age, hereby consents to medical treatment at University of Nevada, Reno Student Health Center by UNR-SHC providers and/or other appropriate UNR-SHC staff.

1. Name of minor patient: _____

2. The undersigned minor has legal power to consent to medical care because the minor (Check one or more):
 - is on active duty with the armed forces of the United States of America,
 - is consenting to diagnosis and treatment of any infectious, contagious or communicable disease which is reportable to the Washoe Co. Health Department.
 - is unmarried and pregnant and is consenting to medical treatment related to the pregnancy.
 - is consenting to examination and treatment for drug addiction, drug dependency or any other condition directly related to drug use.
 - is consenting to counseling for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse.
 - is an emancipated minor.

3. I certify that I have read and fully understand the foregoing consent, that the facts indicated under 2 above are true, and that all blanks or statements requiring insertion or completion were filled in before I signed.

SIGNATURE OF PATIENT

SIGNATURE OF WITNESS

DATE

IF YOU ARE A NONSTUDENT, please read and sign below:

I have received a copy of UNR-Student Health Center *Notice of Privacy Practices* as required by HIPAA Privacy Rules.

SIGNATURE OF NONSTUDENT

DATE