



Adolescent Visit Consent for Treatment
Confidential Health Visit

I am under the age of 18 and have a need for a private visit with a medical provider, nurse or counselor. I understand these visits are private. My parent(s) or guardian(s) will not receive information about my visit without my knowledge.

I understand that I can have a private visit for any of the following reasons:

- 1) Sexually transmitted infections
- 2) Contraception (birth control)
- 3) HIV or AIDS
- 4) Drug/alcohol abuse
- 5) Sexual assault
- 6) Mental Health
- 7) Pregnancy

I understand this is a confidential visit and I am able to request this visit on my own.

Valley-Wide can contact or reach me by calling _____ (this is my cell phone number).

If I do not answer my phone, Valley-Wide can also call _____ (this number belongs to: _____ and they will be able to get a message to me).

My Printed Name

My Date of Birth

My Signature

Today's Date

Helpful definitions for terms on this form:

- Confidential – “intended to be kept secret”
- Private – “belonging to or for the use of one particular person or group of people only”
- Understand – “perceive the intended meaning”
- Consent – “permission for something to happen”
- Contraception – “the deliberate use of artificial methods or other techniques to prevent pregnancy”