



Consent to Treat Minor, Clinical Document Exchange, and Non-Parental Consent

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By signing this form, I hereby give my consent for **White Cloud Pediatrics** to provide medical care and treatment to my minor child, as deemed necessary by the healthcare provider(s) at White Cloud Pediatrics. I understand that this consent will remain in effect until I revoke it in writing.

Clinical Document Exchange Consent

I consent to the secure sharing of my child's medical records with other healthcare providers through Clinical Document Exchange for coordinating care. This may include diagnoses, test results, treatment plans, and other relevant information. I understand this sharing will occur automatically unless I revoke consent in writing, and revocation will not affect information shared beforehand.

Acknowledgment and Consent Options

☐ **Consent to Treat Minor:** I give permission for White Cloud Pediatrics to provide medical care to my minor child, including any necessary examinations, treatments, and diagnostic tests. *(Box must be checked to proceed.)*

Clinical Document Exchange (select one):

☐ **I consent** to the secure sharing of my child's medical information with other healthcare providers through Clinical Document Exchange for the purpose of coordinating care.

☐ **I revoke permission** for White Cloud Pediatrics to share my child's information with other healthcare organizations through Clinical Document Exchange.

Non Parental Consent to Medical Treatment - Occasionally, someone other than the parent/legal guardian may need to bring your child for medical care. Please list those authorized to provide consent when you are unavailable:

- Name: _____ Relationship: _____
- Name: _____ Relationship: _____
- Name: _____ Relationship: _____

I authorize the individuals listed above to consent to any medical care/treatment for this child by a White Cloud Pediatrics provider. This authorization remains in effect until revoked.

(Please sign below to confirm you have read and understood this section — signature is required even if no names are listed above.)

Guarantor / Responsible Party's Name: _____

Guarantor / Responsible Party's Signature: _____ Date: _____