

AUTHORIZATION REGARDING CONSENT TO TREATMENT; INSURANCE INFORMATION

I/We, the undersigned, do hereby authorize Discovery! Teen, as agent/agents for the undersigned to consent to any X-ray, examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physicians and surgeons licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent/agents to give specific consent to any and all such diagnosis, treatment or hospital care being required which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective indefinitely unless revoked in writing and delivered to said agent/agents.

I hereby release the Program Provider and any nurse, physician, psychiatrist or other healthcare provider selected by the Program Provider, at its discretion, to act as my child's designated agent, who shall have the status, power, authority and rights as my personal representative for all purposes as provided in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Pub. L. 104-191), 45 CFR Section 160 through 164 and to release any protectible health information in their possession to any covered entity.

PARENT/LEGAL GUARDIAN: Sign Here: _____
Print Name: _____
Date: _____

PARTICIPANT: Sign Here: _____
Print Name: _____
Date: _____

INSURANCE INFORMATION: (fill out the appropriate areas)

_____	_____	_____
(Print Participant Name)	(Signature if 18 or older)	(Date)
_____	_____	_____
(Print Father's Name)	(Signature)	(Date)
_____	_____	_____
(Print Mother's Name)	(Signature)	(Date)
_____	_____	_____
(Print Legal Guardian Name)	(Signature)	(Date)

Insurance Company: _____
Policy Number: _____
Group Number: _____
PCP & Phone Number: _____
Emergency Phone Numbers: _____
