Belleville Lake PEDIATRICS

11650 Belleville Rd, Suite 108 Belleville, MI 48111
(734) 488-8971 fax (734) 488-8972
bellevillelakepediatrics.com

Consent to Treat

Signed once at the first visit and good for as long as your child is a patient here. You can withdraw or change any part of it in writing at any time.

CHILD'S FULL NAME

DATE OF BIRTH

CONSENT FOR CARE

I authorize Abby Maidlow, MD and Belleville Lake Pediatrics to provide routine pediatric care for the child named above. Routine care includes physical examination, well-child and sick visits, immunizations recommended under the schedule this practice follows, in-office testing such as strep, flu, urine and hemoglobin, hearing and vision screening, developmental and behavioral screening questionnaires, minor in-office procedures such as wart treatment, ear-wax removal or splinter removal, and referral to specialists when needed.

For anything beyond routine care, Dr. Maidlow will explain what is proposed, why, and what the alternatives are, and will ask for your consent at that time.

In a medical emergency, I authorize the practice to provide care needed to stabilize my child and to call 911 or arrange transfer to a hospital, and to make reasonable efforts to reach me.

CARE WHEN SOMEONE ELSE BRINGS YOUR CHILD IN

Parents cannot always be there. The adults you listed on the registration form, and any you add later, may bring your child to a visit and consent to routine care on your behalf. You may still be called about anything significant.

STANDING AUTHORIZATION

◯ Yes, the adults I listed may consent to routine care ◯ No, call me for consent every time

TELEHEALTH

This practice offers telehealth visits for mental health care. A telehealth visit uses secure video. It has limits: your child cannot be examined, and technology can fail. If a visit needs to become an in-person visit, it will. Telehealth visits are billed the same way office visits are, and your coverage may differ.

◯ I consent to telehealth visits when appropriate ◯ I prefer in-person visits only

TEENS AND CONFIDENTIALITY

Michigan law lets an adolescent consent on their own to a small set of services, and keeps those records confidential from parents. The categories are testing and treatment for sexually transmitted infection and HIV, substance use treatment, pregnancy-related care, and, at age 14 and older, a limited course of outpatient mental health counseling.

In practice this means that starting somewhere around age 12, Dr. Maidlow will usually ask for a few minutes alone with your teen at each visit. That is not a sign anything is wrong. It is how teenagers learn to speak for themselves, and how a pediatrician hears about things they may not feel comfortable discussing in front of a parent. Anything that suggests your child is in danger will be shared with you.

☐ I understand how confidentiality for adolescents works at this practice

AI SCRIBE USE

Dr. Maidlow uses an AI note writer during appointments so that she can be more present with families. It listens during the visit and helps produce the visit note, which she reviews. Parents may consent to or decline its use at any appointment.

◯ I consent to the use of an AI note writer during visits ◯ I decline the use of an AI note writer

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PHOTOGRAPHS IN THE MEDICAL RECORD

A photograph in the chart helps identify a patient correctly and is often the best way to follow a rash, a mole or a healing wound over time. These photographs stay in the medical record. They are never used for teaching, marketing or the website without a separate written authorization from you.

◯ Yes, clinical photographs may be taken and kept in the chart ◯ No

ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY

I authorize the practice to release the information an insurer needs to process a claim, and I assign payment of medical benefits directly to the practice. I understand that I am responsible for any amount my insurance does not cover, and that the financial policy I signed separately explains how that works.

SIGNATURE

I have read this form, I have had the chance to ask questions, and I have the legal authority to consent to care for this child.

PARENT OR LEGAL GUARDIAN, PRINTED NAME	RELATIONSHIP TO PATIENT	DATE

Signature sign here if you are printing this form

If the patient is 18 or older, the patient signs above and no relationship needs to be entered.