



Alliance HEALTH

Telephone Consent Form

To Treat Minors Arriving Without Parents or Guardian

Date

MRN

Name

Indications for Telephone Consent

In extenuating circumstances, the verbal consent of a person authorized to consent for a patient may be given by telephone. The consent discussion is to be witnessed by another physician or other Alliance Health staff. Documentation will be completed, by consent form (and a note in the medical record) indicating the name and address of the person giving consent, the names and signature of the witnesses, and the date and time.

Call Made to:

Name of Person

Telephone Number

Consent given by:

Name of Person

Relationship to (minor) Patient

Date AM / PM
Time

Call made by:

Provider (Print Signature) / Title

Date AM / PM
Time

Witnessed by:

(Print Signature) / Title

Date AM / PM
Time