



SPECIAL AUTHORIZATIONS FOR MINORS (Required for students born after 8.15.05)

I. Authorization to Provide Medical Treatment to Minor

I authorize Mark H. Reed, M.D., Director of the College Health Service at Dartmouth College, or his designee, to provide routine health care including but not limited to immunization procedures to _____, a student at Dartmouth College, as necessary for the student's health and best interests as well as the best interests of the student body.

Signature _____ Date _____
(Student's Signature)

Signature _____ Date _____
(Parent/Guardian)

II. Authorization to Treat Minor in Case of Emergency

I authorize Mark H. Reed, M.D., Director of the College Health Service at Dartmouth College, or his designee, to act on my behalf if my child has a major accident, injury or illness when immediate medical or surgical care is needed, provided the Director or his designee makes diligent effort first to notify me of the situation and obtain my preferences. If such efforts to contact me are unsuccessful, I authorize the Director or his designee to take such action and give such consent on my behalf as judgment dictates.

Signature _____ Date _____
(Parent/Guardian)

Relationship to Student _____

Guarantor Information

A Guarantor is the person held accountable for the patient's bill. Guarantor Information is information regarding the financially responsible party. The guarantor is always the patient, unless the patient is a minor or an incapacitated adult.

Last Name First Name Middle Initial

Mailing Address

Phone Number Alternate Phone Number

III. Authorization for Telehealth Primary Care Appointments

I authorize Mark H. Reed, M.D., Director of the College Health Service at Dartmouth College, or his designee, to provide telehealth appointments at Dartmouth Student Health Services (“Dick’s House”) for physical health/primary care and nutritional services. I understand that a telehealth appointment may utilize audio, video or another electronic method utilizing a secure telecommunications software used by Dick’s House and that medical history and current health obtained during the telehealth appointment may be discussed with other health professionals in order to provide care. Only authorized individuals may be in the room with the healthcare provider, including but not limited to non-medical technical personnel in order to assist with telecommunication technology. In such cases, the provider will announce that someone else in the room and will ask for permission for those personnel to be present.

All applicable data privacy regulations and procedures will continue to apply to any information collected during a telehealth appointment, as described in the Dick’s House Notice of Privacy Practices. Reasonable and appropriate safeguarding efforts (including encryption and other precautions as appropriate) have been made to reduce data security risks associated with telehealth appointments. Video, audio, and/or digital photos may be recorded by the provider during a telehealth appointment.

Students may not record a telehealth appointment without the explicit consent of the provider. Because telehealth appointments are private, students are encouraged to be in a private space (without others present or able to hear or see) for the duration of the appointment. If necessary, the appointment may be paused briefly if someone enters the room and then restarted after departure.

This consent may apply to more than one session as part of an individualized treatment plan. Consent to participate in telehealth appointments may be withdrawn at any time without affecting rights for future treatment and care. Students have the right to inspect all information from telehealth appointments and may request to receive copies of this information in accordance with the Patients’ Bill of Rights.

By signing below, I confirm that I have read and understand the information provided above regarding the provision of telehealth services, have been given an opportunity to discuss it with a Dick’s House provider/counselor or designee, and any questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth as described herein, including the use of audio, video or other electronic methods employed by a Dick’s House provider for medical care, including physical health/primary care and nutritional services.

Signature _____ Date _____
(Student’s Signature)

Signature _____ Date _____
(Parent/Guardian)

PLEASE NOTE: THESE AUTHORIZATIONS EXPIRE ON THE STUDENT’S 18TH BIRTHDAY