

DEPARTMENT OF THE ARMY
US ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7040

MEDDAC MEMORANDUM
No. 40-22

27 February 2008

Medical Services
MEDICAL TREATMENT OF MINORS

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- 1. HISTORY:** This issue publishes a revision of this publication.

- 2. PURPOSE:** To provide staff members with guidance on the legal aspects of rendering medical treatment to minor children (age 17 and under) and provide directives that will be utilized in this facility.

- 3. SCOPE:** This MEDDAC Memo includes all activities organized under the Table of Distribution and Allowances for Raymond W. Bliss Army Health Center (RWBAHC).

- 4. REFERENCES:**
 - 4.1 AR 40-3, Medical, Dental, and Veterinary Care
 - 4.2 AR 40-66, Medical Record and Quality Assurance Administration

* This memorandum supersedes MEDDAC MEMO 40-22, dtd 27 Dec 04

4.3 Arizona Revised Statutes:13,36 & 44

5. IDENTIFICATION OF MINOR CHILDREN.

5.1 Children under the age of 10 will normally be identified by presentation of the parent's/sponsor's ID card (DD Form 1173) which identifies the parent/sponsor as an individual who is eligible for medical care from military treatment facilities.

5.2 Children 10 years old or older must possess a Military Family Member ID card (DD Form 1173).

5.3 Children under 10 years old must possess a Military Family Member ID card (DD Form 1173) when the guardian or parent is not an eligible beneficiary. A parent/guardian who is not a Military Family Member must have a power of attorney and/or a copy of a divorce decree.

6. AUTHORIZATION FOR MEDICAL CARE FOR MINORS 10 YEARS OLD OR OLDER WHO DO NOT HAVE AN ID CARD.

6.1 During normal duty hours, send the parent to the Patient Registration Section for verification of eligibility through the Defense Enrollment Eligibility Reporting System (DEERS). During non-duty hours(Mon-Fri 1630-2100), send the patient to the Outpatient Medical Records Section for verification. On weekends and holidays, the Weekend and Holiday Clinic will complete RWBAHC Form 138, Eligibility Statement and Billing Form (see Appendix A). A PAD representative is available in Outpatient Records for assistance.

6.2 If the DEERS data base indicates the patient is eligible for care, a RWBAHC Form 138 will be completed; a copy provided to the parent and the patient will be treated. Instruct the parent to present the child's ID card within 30 days to the Patient Registration Office in order to avoid any charges.

6.3 If DEERS indicates that a patient is ineligible for care They will not be treated in this facility except to save life, limb or eyesight or to prevent undue suffering.

7. CONSENT REQUIRED FOR MEDICAL TREATMENT FOR MINORS.

7.1 A parent or legal guardian must be present for medical procedures performed on a minor. The fact that the parent or legal guardian brought the minor to the Health Center and requested medical care, will be considered implied consent to medical examination and treatment.

7.2 In absence of the minor's parent/legal guardian, a minor may be examined and treated with the consent of an accompanying adult who has power of attorney or court order authorizing them to consent for medical treatment of the minor. In this case the minor MUST have a valid ID card per section 5.3 above.

8. EMERGENCY MEDICAL CARE.

8.1 Per AZ Statute Title 36, Chapter 22, 36-2271: If the minor needs emergency care to prevent loss of life, sight, limb, or to prevent undue pain or suffering; and parent/legal guardian is not reasonably available; parental consent is not required when reasonably diligent efforts to locate the parent/legal guardian are unsuccessful. Whenever possible, the attending physician will confirm the emergency with one other physician and note it in the medical record.

8.2 If a parent/legal guardian is located and refuses to give his/her consent, a court order may be obtained to mandate treatment, by contacting the Judge Advocate General (JAG) at 3-2229.

8.3 Telephonic consent will only be utilized when absolutely necessary. Telephonic consent should not be used for the convenience of the parent/legal guardian.

9. PARENTAL CONSENT.

9.1 Parental consent will be obtained on SF 522 (Medical Record-Request for Administration of Anesthesia and for Performance of Procedures) for the following:

9.1.1 All surgery involving entry into the body by an incision or through one of the natural body openings.

9.1.2 Any procedure or course of treatment in which anesthesia is used, whether or not entry into the body is involved.

9.1.3 All non-operative procedures that involve more than a slight risk of harm to the patient or that involves the risk of a change in body structure.

9.1.4 All procedures in which x-rays involving radioactive treatment, radium, or other radioactive substance is used in the patient's treatment.

10. SITUATIONS IN WHICH PARENTAL CONSENT IS NOT REQUIRED.

10.1 Emancipated minors may consent to medical care on their own right. In Arizona, a child is considered emancipated when that child reaches 18 years of age, upon marriage, active military service, or by order of the Court. Homeless minors meeting the criteria of AZ Statute Title 44, Chapter 3, 44-132 may consent to their own treatment.

10.2 Per AZ Statute Title 44, Chapter 3, 44-132.01: Minors may consent to diagnosis and treatment of a sexually transmitted disease without consent of parent or legal guardian.

10.3 Per AZ Statute Title 44, Chapter 3, 44-133.01: Minors may consent to medical treatment for being under the influence of narcotics or alcohol. This is considered a medical emergency.

10.4 Per AZ Statute Title 13, Chapter 14, 13-1413: A minor who is alleged to be a victim of a rape or sexual assault may consent to medical or surgical examination, diagnosis and care.

10.5 If a physician observes a minor with evidence of injuries or neglect(not commensurate with a prior medical history), the physician incurs a lawful duty to report the suspected child abuse. The physician will report suspected child abuse to Family Advocacy Program (FAP), at 538-0625 during duty hours, and Mental Health Consultant on call during non-duty hours. Medical examination in aid of the above duties may be made of the child without consent of the parents. Medical treatment other than emergency care will not be rendered without consent of a parent/legal guardian or authorization from Child Protective Services Branch of the Department of Economic Security at 1-888-767-2445.

10.6 Minors 12 years or older may receive family planning counseling upon their request and consent.

10.7 Minors 12 years or older may receive pregnancy testing and be prescribed contraceptives upon their request and consent.

11. OTHER SITUATIONS. The Chief, Patient Administration Division will be consulted on specific cases not addressed in this memorandum.

The proponent of this publication is the Patient Administration Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Patient Administration Division, RWBAHC, ATTN: MCXJ-PA, Fort Huachuca, AZ 85613-7040.

FOR THE COMMANDER:

OFFICIAL:

Gregory A. Swanson
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DISTRIBUTION:E

Appendix A

APPENDEY A			
ELIGIBILITY STATEMENT AND BILLING FORM			
SECTION I			
PATIENT'S NAME (LAST, FIRST, MI):	AGE:	SPONSOR'S NAME:	RELATION TO SPONSOR:
SPONSOR'S SSN:	SPONSOR'S GRADE/RANK:		SPONSOR'S STATUS
SPONSOR'S ADDRESS (if different from patients):	TELEPHONE:		<input type="checkbox"/> Active Duty
SPONSOR'S MAILING ADDRESS:	TELEPHONE:		<input type="checkbox"/> Army
			<input type="checkbox"/> Air Force
			<input type="checkbox"/> Navy
			<input type="checkbox"/> Marine Corps
			<input type="checkbox"/> Retired
			<input type="checkbox"/> Other (specify)
CLINIC OF TREATMENT:	DATE OF TREATMENT:		
STATE REASON PATIENT'S ID CARD IS NOT AVAILABLE:			
SECTION II			
<p>In accordance with AR 600-8-14, governing Identification Cards, Tags and Badges it is requested that the above named person be authorized treatment at Raymond W. Bliss Army Health Center, Fort Huachuca, AZ. I hereby claim the above person is eligible for such medical care and that proof of eligibility: Active Duty Personnel will present DD form 2A; Retired personnel DD Form 2; and their dependents DD Form 1173, is NOT now available for the reason shown in Section I.</p> <p>I further understand that the penalty for presenting false claims or making false statements in connection with claims, is a fine of not more than \$10,000, or imprisonment for not more than 5 years, or both. (Privacy Act 1974, 18, USC 287, 10001).</p> <p>In accordance with 10 USC 1076 and Executive Order 9397, the SSN and personal information is requested for identification and filing purposes only. Disclosure is voluntary, however, if information is not submitted eligibility for treatment can not be determined.</p>			
SECTION III			
NOTICE TO SPONSOR		PLEASE READ THIS SECTION	
I understand that I must obtain proof of eligibility so the above named person will continue to receive care. I also understand that I must present a valid ID card to the Patient Administration Division, Treasurer's Office, Raymond W. Bliss Army Health Center, Fort Huachuca, AZ 85613-7040 within 30 days , otherwise I will be billed at the current rate (\$_____). Telephone: (520)533-3545.		NOTICE TO SPONSOR	
<p>THIS PROCEDURE IS NECESSARY TO PROTECT YOUR BENEFITS FROM UNAUTHORIZED PERSONS RECEIVING MEDICAL CARE AT RAYMOND W. BLISS ARMY HEALTH CENTER.</p> <p>AR 600-8-14, Chapter 6, Section I, Para 6-11. Dependents requesting care who are 10 years of age or older will be required to show an ID Card (DD Form 1173) to the medical authority. AR 600-8-14, Chapter 6, Section VII, Para 6-13, d(2)(a&b) - Children pursuing a full-time course of education are eligible until their 23rd birthday.</p>			
SIGNATURE (If other than patient, specify relationship):		DATE:	
WITNESS SIGNATURE:	CLINIC OF TREATMENT:	DATE:	
SECTION IV			
FOR USE BY THE TREASURER ONLY			
DATE OF SERVICE:	RECEIVED BY TREASURE'S OFFICE		
AMOUNT: \$	SERVICE:		
BILLED: _____ IR#: _____ IR#:	SSN:		
	ID CARD NO:		
	DATE OF BIRTH:		
	EXPIRATION:		
DATE OF ISSUE:			
VERIFIED BY:			
<p>DATA REQUIRED BY THE PRIVACY ACT OF 1974: AUTHORITY: Title 5, US Code Section 301. PRINCIPLE PURPOSE: To ascertain eligibility for medical treatment when patients do not have ID cards in their possession. ROUTINE USES: To be used exclusively by the Chief, Patient Administration Division or delegate representative, to determine eligibility for treatment. VOLUNTARY: Failure to disclose information would delay medical treatment.</p>			

RWBAHC 138
1 Oct 97

PREVIOUS EDITION IS OBSOLETE

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SECOND COPY - Patient