



Bowman Medical Group
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Consent For Treatment of a Minor

I, (parent) _____, give Bowman Medical Group and
(clinician) _____ Permission to provide treatment for (child) _____.

Confidentiality Statement

I, (parent) _____, and (child) _____ understand limits to
confidentiality and have been provided with a copy of this statement.

For the Parent/Guardian: The right to confidentiality is maintained with two exceptions:

- 1. The professional has reason to believe that you will harm yourself.
- 2. The professional has reason to believe that you will harm others, including your child.

For the Child: The right to confidentiality is maintained with three exceptions:

- 1. The professional has reason to believe that you will harm yourself.
- 2. The professional has reason to believe that you will harm others.
- 3. The professional has reason to believe that someone or something is harming you including your parents.

Additional Disclosures at the Parent’s Request:

Clinician

Parent/Guardian

Child

Date