Before you give your consent, be sure you understand the information given below. If you have any questions, we will be happy to talk about them with you. You may ask for a copy of this form.

I understand that the information I will provide is true, accurate, and complete and that my healthcare choices will depend on that information. I will be given information about the test(s), treatment(s), procedure(s), and contraceptive method(s) to be provided, including the benefits, risks, possible problems/complications, and alternate choices.

I understand that I should ask questions about anything I do not understand. I understand that a clinician or nurse is available to answer any questions I may have. No guarantee has been given to me as to the results that may be obtained from any services I receive.

I know that it is my choice whether or not to have services. I know that at any time, I can change my mind about receiving medical services at the Annex Teen Clinic.

I understand that all employees of the Annex Teen Clinic shall respect the dignity and worth of individuals and shall preserve and protect fundamental human rights. Employees shall not practice, condone, nor collaborate in any form of discrimination on the basis of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, age, genetic information, familial status or other applicable protected class.

I understand that if tests for certain infections are positive, reporting of positive results to public health agencies is required by law. I understand that if I have an abnormal test result, the verbal or written communication I receive will include the following: an explanation and meaning of the abnormal finding and the possible consequences of not receiving additional care and/or treatment if needed. If I am diagnosed with HIV, the Annex must contact the Minnesota Department of Health. This information is used by the Department of Health: to keep statistics on STI’s (sexually transmitted infections), to help people get treated for any STI’s that they have and, to confidentially notify your sexual partners if you choose not to do it yourself. The health department will not contact your parent(s) or guardian(s).

 I will be given referrals to trusted organizations for further diagnosis or treatment if necessary. I will be told how to get care in case of an emergency. In the event of a medical emergency Annex staff may need to send me to the emergency room and may need to notify my legal guardian(s) if I am are under 18.

Please note that Annex Teen Clinic is a teaching institution, and that persons in training, under strict supervision, may be involved in some aspects of care. I understand I am allowed to refuse care with a student, and that the Annex Teen Clinic will always ask my consent before involving a person in training in my care.

I understand that some applicable services (those not requiring a physical exam) may be delivered via telemedicine and, if so, that I will not be in the physical presence of a clinician. Should this be the case, I understand that I have the right to request that my appointment be rescheduled to a time and place where a clinician will be in my physical presence to provide services. Should I choose to receive care via telemedicine, I understand that I am also agreeing to receive messages from Annex Teen Clinic through privacy-protected secure messages within the telemedicine app or website. I understand I can enable notifications in the telemedicine app and/or website account settings to alert me when I have a message. The notifications do not contain any protected health information.

I understand that services at the Annex are confidential. The Annex will not give anyone information about my visit or me without my written permission (except as defined in the “Protected Health Information Consent” below). I understand that I can speak with the Finance office to understand how my information will be used for billing purposes.

If an Annex staff person is concerned that I am being abused and are 17 or younger, or 18-20 and were abused within the past 3 years, the Annex Teen Clinic must make a report to child protection.

In the event of a medical emergency Annex care providers may need to send me to the emergency room and may need to notify my legal guardian(s) if I am under 18.

If a staff person is concerned that I am in immediate danger of harming myself or someone else, Annex care providers must tell my legal guardian(s), warn the other person, and/or make plans to keep me safe.

I hereby request that a person authorized by Annex Teen Clinic provide appropriate evaluation, testing, and treatment (including a birth control drug or device, if I request it).