

# SANKOFA FAMILY MEDICINE

*Medicine That Remembers*

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## Minor Consent and Assent Policy

*Telehealth Services for Patients Under 18*

**Effective Date:** December 20, 2025

### 1. Purpose

This policy establishes guidelines for obtaining consent and assent when providing telehealth services to minor patients (individuals under 18 years of age) at Sankofa Family Medicine. This policy ensures compliance with Washington State law and protects both patient rights and provider responsibilities.

### 2. Definitions

**Consent:** Legal permission granted by a parent, legal guardian, or authorized individual for medical treatment of a minor.

**Assent:** Agreement by a minor patient who has been informed about the proposed treatment in developmentally appropriate terms. Assent reflects the minor's willingness to participate in their care.

**Mature Minor:** A minor who demonstrates sufficient maturity and understanding to make certain healthcare decisions, as recognized under Washington State law.

**Emancipated Minor:** A minor who has been legally declared an adult under Washington law and may consent to medical treatment as an adult.

### 3. Washington State Minor Consent Laws

Under Washington State law, minors may consent to certain healthcare services without parental involvement:

#### 3.1 Services Minors May Consent To

- **Reproductive Health Services (Age 13 and Older):** Contraception counseling and services, pregnancy testing, prenatal care (per Revised Code of Washington ("RCW") 9.02.100)
- **Outpatient Mental Health Services (Age 13 and Older):** Voluntary outpatient mental health treatment (per RCW 71.34.530)
- **Sexually Transmitted Infection Services (Age 14 and Older):** Sexually transmitted infection ("STI") testing, treatment, and counseling (per RCW 70.24.110)
- **Substance Use Disorder Services (Age 13 and Older):** Voluntary substance use disorder treatment (per RCW 71.34.530)

#### 3.2 Confidentiality of Minor-Consented Services

When a minor consents to treatment under one of these categories, the information related to that treatment is generally confidential from parents or guardians. Sankofa

Family Medicine will not disclose this information to parents without the minor's consent, except as required by law (such as situations involving imminent danger to the minor or others).

## 4. Consent Procedures

### 4.1 General Medical Services

For general medical services not falling under minor-consent categories:

1. Parental or guardian consent is required
2. Consent must be obtained before the telehealth encounter
3. Parent or guardian should be present during the visit unless clinically inappropriate
4. Document identity verification of the consenting adult

### 4.2 Minor-Consented Services

For services minors may consent to under Washington law:

5. Verify the minor's age and identity
6. Explain services in developmentally appropriate language
7. Document the minor's consent in the medical record
8. Ensure the minor understands confidentiality protections and limitations
9. Assess capacity to provide informed consent

## 5. Assent Procedures

Even when parental consent is obtained, obtaining the minor's assent demonstrates respect for the patient's developing autonomy:

### 5.1 Age-Appropriate Assent Guidelines

- **Ages 0 to 6:** Explain what will happen in simple terms; formal assent not typically required
- **Ages 7 to 12:** Explain diagnosis and treatment in terms the child can understand; seek verbal agreement when possible
- **Ages 13 to 17:** Provide detailed information similar to adult informed consent; document the minor's understanding and agreement

## 6. Telehealth-Specific Considerations

- **Identity Verification:** Verify identity of both the minor and the consenting adult (when applicable) using photo identification or established patient records
- **Private Communication:** For adolescents, offer a portion of the visit without the parent present to allow private discussion
- **Environment Assessment:** Ensure the minor is in a safe, private environment for the telehealth visit
- **Technology Assistance:** Younger children may need adult assistance with telehealth technology
- **Location Verification:** Document that the minor is located in Washington State (or other licensed state)

## 7. Documentation Requirements

For all minor patient encounters, document:

- Type of consent obtained (parental, minor, or both)
- Name and relationship of consenting adult (if applicable)
- Minor's assent (or dissent and how it was addressed)
- Identity verification method used
- Location of the minor at time of service
- Any confidentiality discussions with the minor

## 8. Emergency Situations

In emergency situations where delay to obtain parental consent would endanger the minor's life or health, treatment may be provided without parental consent per RCW 7.70.050. Document the emergency circumstances and attempts to reach a parent or guardian.

## 9. Related Documents

- SFM Telehealth Informed Consent Protocol
- SFM Notice of Privacy Practices - Washington State Addendum
- SFM Patient Location Verification Standard Operating Procedure
- SFM In-Person Requirement Policy

## 10. Document Control

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**Approved By:** Yaw A. Nkrumah, MD, Medical Director

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