USC Engemann
Student Health Center

Place Patient Label Here

Self-Sufficient Minor Status Verification

Name: _____ USC I.D. #: _____

For the purposes of obtaining diagnosis or treatment at the Engemann Student Health Center, or by any physician, mental health professional or dentist associated with the clinic, the undersigned certifies the following facts are true (California Family Code § 6922):

1. I am 15 years of age or older, and was born on: Birth Date _____ mm / dd / yyyy

2. I am living separate and apart from my parents or legal guardian(s):

_____
Patient's Street Address | Apt. # | Telephone Number

_____
City | State | Zip Code

_____
Parent/Guardian Place of Residence | Parent/Guardian Telephone Number

3. I am managing my own financial affairs (i.e. I have my own checking account, credit card, etc.)

4. I understand that, under the law, I will be financially responsible for any charges for my clinical diagnosis, treatment and care and that I may not disaffirm this consent because I am a minor.

Patient: _____ Date: _____ Time: _____ ❑ AM ❑ PM
Signature

Witness: _____ Title: _____ Date: _____
Signature

Witness: _____ Title: _____ Date: _____
Signature

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Source: California Hospital Assoc. Reference: Family Code Section 6922 05/30/09