



CONSENT FOR MEDICAL TREATMENT, PROCEDURE, OR EXAMINATION INVOLVING VAGINAL OR ANAL PENETRATION OF A MINOR UNDER MCL 333.16279

Authority: 1978 PA 368

Michigan law states that a licensee or registrant (under the Public Health Code) shall not perform a medical treatment, procedure, or examination on a patient who is a minor that involves the vaginal or anal penetration of the minor unless all of the following are met:

- (a) The medical treatment, procedure, or examination is within the scope of practice of the licensee's or registrant's health profession.
(b) A medical assistant or another licensee or registrant is in the room while the medical treatment, procedure, or examination is performed.
(c) Before performing the medical treatment, procedure, or examination, the licensee or registrant obtains the written consent of a parent, guardian, or person in loco parentis of the minor or the consent of any person that is authorized by law to provide consent.

The above does not apply if the medical treatment, procedure, or examination involves any of the following situations:

- (a) Is necessary and is associated with or incident to a medical emergency where, in the licensee's or registrant's good-faith medical judgment, the circumstance creates an immediate threat of serious risk to the life or physical health of the patient.
(b) Primarily relates to the patient's urological, gastrointestinal, reproductive, gynecological, or sexual health.
(c) The medical treatment, procedure, or examination is performed at a children's advocacy center as defined in MCL 722.622.
(d) A sexual assault medical forensic examination under MCL 333.21527.
(e) Measuring the patient's temperature.
(f) Rectally administering a drug or medicine.

The parent, guardian, or person in loco parentis, of the minor, or any person that is authorized by law to provide consent, must complete Sections I-III of this form.

Section I: Minor Patient's Information.

Form with fields for First Name, Middle Name, Last Name, Street Address, City, State, Zip Code, Sex, and Date of Birth.

Section II: Consent to Perform a Medical Treatment, Procedure, or Examination that Involves the Vaginal or Anal Penetration of the Minor Patient Listed Above.

Consent form text: I am the parent, guardian, or person in loco parentis, of [Name of Minor] and have the legal authority to authorize medical treatment for [Name of Minor]. I consent to the medical treatment, procedure, or examination that involves the vaginal or anal penetration of [Name of Minor].

I understand the following:

(a) That gloves are generally used for a medical treatment, procedure, or examination involving vaginal or anal penetration.

(b) That by providing consent under MCL 333.16279, I have the right to request information on whether there is a reasonable alternative to the treatment, procedure, or examination that does not consist of anal or vaginal penetration.

(c) That by providing consent under MCL 333.16279, I have the right to request a clear explanation of the nature of the treatment, procedure, or examination.

(d) That by providing consent under MCL 333.16279, I may request that gloves be used during the treatment, procedure, or examination.

(e) That a licensee or registrant generally cannot be alone in the room with the patient while the treatment, procedure, or examination is being performed.

(f) A licensee or registrant who obtains my consent for a medical treatment, procedure, or examination that requires subsequent visits to perform the same treatment, procedure, or examination on the minor may perform the subsequent treatment, procedure, or examination on the minor without obtaining any further consent if the subsequent treatment, procedure, or examination is performed within six (6) months from the date of obtaining my consent.

I have read, understand, and agree to the content of this section.

Signature:

Date:

Full Legal Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Relationship to Minor Patient:

Section III: Waiver of the Requirement that a Medical Assistant or Another Licensee be in the Room During the Performance of the Medical Treatment, Procedure, or Examination of a Minor Patient that Involves Vaginal or Anal Penetration.

I, _____, as the parent, legal guardian, or person in loco parentis, and having legal authority to authorize medical treatment for the minor, understand that a licensee or registrant shall not perform a medical treatment, procedure, or examination on a patient who is a minor that involves the vaginal or anal penetration of the minor unless a medical assistant or another licensee or registrant is in the room.

I am exercising my right to waive this requirement that a medical assistant or another licensee or registrant (under the Public Health Code) is in the room while the medical treatment, procedure, or examination is performed on the patient who is a minor that involves the vaginal or anal penetration of the minor.

I have read, understand, and agree to the content of this section.

Signature:

Date:

The licensee or registrant who is performing the medical treatment, procedure, or examination of a minor patient that involves the vaginal or anal penetration must complete Section IV of this form.

Section IV: Licensee or Registrant's Acknowledgement and Contact Information.

I acknowledge the following regarding the medical treatment, procedure, or examination of the minor patient which involves vaginal or anal penetration.

- (a) The medical treatment, procedure, or examination must be within the scope of practice of my health profession.
- (b) Unless waived, a medical assistant or another licensee or registrant must be in the room while the medical treatment, procedure, or examination is performed.
- (c) Gloves are generally used for a medical treatment, procedure, or examination involving vaginal or anal penetration.
- (d) By providing consent under MCL 333.16279, the individual providing consent has the right to request information on whether there is a reasonable alternative to the treatment, procedure, or examination that does not consist of anal or vaginal penetration.
- (e) By providing consent under MCL 333.16279, the individual providing consent has the right to request a clear explanation of the nature of the treatment, procedure, or examination.
- (f) By providing consent under MCL 333.16279, the individual providing consent may request that gloves be used during the treatment, procedure, or examination.
- (g) A licensee or registrant generally cannot be alone in the room with the patient while the treatment, procedure, or examination is being performed.
- (h) I cannot perform the medical treatment, procedure, or examination in the future without additional consent UNLESS: (1) I am performing the same treatment, procedure, or examination, and (2) subsequent visits are required. This consent form must be maintained in the patient's medical record for not less than fifteen (15) years from the date on which the medical treatment, procedure, or examination was performed.
- (i) I acknowledge that I cannot perform the medical treatment, procedure, or exam until all applicable sections of this form have been completed.

I have read, understand, agree to, and affirm the content of this section.

Signature:		Date:	
First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	Zip Code:	
Telephone Number:	Michigan License or Registration Number:		

The medical assistant or licensee or registrant, who is in the room during the medical treatment, procedure, or examination of a minor patient that involves the vaginal or anal penetration must complete Section V of this form.

Section V: Medical Assistant, Licensee, or Registrant's Acknowledgement and Contact Information.

I acknowledge the following regarding the medical treatment, procedure, or examination of the minor patient which involves vaginal or anal penetration.

- (a) A medical assistant or another licensee or registrant must be in the room while the medical treatment, procedure, or examination is performed, unless the waiver in Section III of this form is signed.
- (b) Gloves are generally used for a medical treatment, procedure, or examination involving vaginal or anal penetration.
- (c) By providing consent under MCL 333.16279, the individual providing consent has the right to request information on whether there is a reasonable alternative to the treatment, procedure, or examination that does not consist of anal or vaginal penetration.
- (d) By providing consent under MCL 333.16279, the individual providing consent has the right to request a clear explanation of the nature of the treatment, procedure, or examination.
- (e) By providing consent under MCL 333.16279, the individual providing consent may request that gloves be used during the treatment, procedure, or examination.
- (f) A licensee or registrant generally cannot be alone in the room with the patient while the treatment, procedure, or examination is being performed.
- (g) I will be present in the room while the medical treatment, procedure, or examination was performed.

I have read, understand, agree to, and affirm the content of this section.

Signature:		Date:	
First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	Zip Code:	

Telephone Number:	Michigan License or Registration Number:	