

## Foster Care Consent to Treat

Child's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Dept. of Health & Welfare Address & Phone: 207 Larkspur Street, Ponderay, ID 83852, 208.263.9840

Foster Address: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do they have authorization to: (circle all that apply)

Attend Medical Visits      Access Medical Records      Access Medical Care      No Contact

### Insurance Information

Insurance Type: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

This consent serves as permission for the above named child to be treated by Kaniksu Community Health. This authorization shall remain in effect for one year from the signed date below unless otherwise revoked in writing and submitted to Kaniksu Community Health prior to the expiration date.

### To be Completed by the Caseworker

Caseworker Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Protocol for Consent to Treat Foster Care Children

- If the foster care child is a new patient to KCH, the foster parent must fill out the RMO8-3 form and get the caseworker's signature.
- If the foster care child is already a patient of KCH but has a new foster parent, then the RMO8-e form must be filled out again, even if prior consent to treat was given to a different foster parent.
- The RMO8-e form is valid for one year from the date the caseworker signed, or until a new foster parent is assigned, or until written notice of termination is provided.

In a situation where a foster care child is brought in with an acute case and the RMO8-e form is not signed by the caseworker, and there is no current consent in the child's record to approve the foster care parent, use the following steps to receive one-time phone consent.

- Call the caseworker and get verbal consent over the phone (the same protocol we use for consent to treat minors).
- Or if the caseworker cannot be reached, and it is an acute/emergency situation, contact the Idaho Department of Health and Welfare (24/7 line) at:
  - Emergency medical treatment/report child abuse: 855.552.5437
- Please record the phone conversation(s) and consent (if given) from any of the above in the child's chart. Use the same recording protocol used in consent to treat minor cases.

Please note that in the State of Idaho, foster care children are under the care of the state, and therefore the state needs to approve ALL treatment (via the caseworker) prior to giving treatment.

For specific legal questions surrounding foster care consent, contact:

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