



# Kearney Clinic, P.C.

Independently Owned by  
Kearney Clinic Physicians

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### Family Practice

L.D. Helmick, M.D.  
B.D. Rodgers, M.D.  
B.M. Ernst, M.D.  
D.A. Sokolowski, M.D.  
T.L. Potthoff, M.D.  
D.M. Murray, M.D.  
T.A. Becker, M.D.  
C.S. Murray, M.D.  
R.L. Goldfish, M.D.  
B.A. Bohn, M.D.  
K.H. Boos, M.D.  
D.R. Sughrone, F.N.P.-C.  
J.M. Murray, F.N.P.-C.

### General Surgery

W.T. Sorrell, M.D.  
J.T. Merz, M.D.  
B.J. O'Hare, M.D.  
K.D. Koster, P.A.-C.

### Pediatrics

K.A. Keifer, M.D.  
D.K. Psota, M.D.  
M. C. Howe, M.D.  
S.C. Haskett, M.D.  
A.J. Kratochvil-Stava, M.D.  
A.D. Casper, M.D.  
A.L. Davis, M.D.

### Clinical Psychology

M. C. Renner, Ph.D.

### Mental Health

E.M. Nickel-Drabek, L.I.M.H.P.

### Administrator

Peggy K. Dobish

## Advance Authorization for Treatment of a Minor

For families who are ongoing patients of Kearney Clinic:

It may be more convenient to have prior authorization for medical care delivered directly to minors without a parent having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance.

### AUTHORIZATION

I (we) request and authorize Kearney Clinic, and its personnel to deliver medical care to my (our) child(ren) listed below:

#### PLEASE PRINT

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Please try to contact me (us) regarding health care of my (our) child(ren) at the following phone number(s):

Parent's name: \_\_\_\_\_

Phone(office/home): \_\_\_\_\_

Parents name: \_\_\_\_\_

Phone (office/home): \_\_\_\_\_

Other (relationship): \_\_\_\_\_

Phone (office/home): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRINT name and relationship:

\_\_\_\_\_

NOTE: If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.), please explain in the space below with your signature, printed name, and phone number at which you can be contacted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_