INSERT LETTERHEAD HERE

DATE

To Whom It May Concern:

This letter is to provide documentary proof that NAME is involved with PROGRAM OR ORGANIZATION NAME and is a minor living apart from their parents or legal guardian. Therefore, this minor may consent to physical, behavioral, dental or mental health services provided by a local or state health officer, board of health, licensed provider of health care, or public or private hospital pursuant to NRS §129.030, as revised by AB 197, which was approved by the governor on May 27, 2021. This consent is not subject to disaffirmance because of minority. While the health care provider may ask the minor for permission to contact a parent or legal guardian, the minor does not have to give such permission, and providers "shall not delay or deny the examination or services because the minor refuses to consent to communication with his or her parent, parents or legal guardian." NRS §129.030(2)(4).

This letter is signed by a designee of the director of ORGANIZATION NAME, a nonprofit organization that provides services to persons who are experiencing homelessness. With this letter, in the absence of professional negligence, no person providing an examination or services pursuant to this law is subject to civil or criminal liability for providing that examination or those services. NRS §129.030(6).

Should you have any issues or concerns, please feel free to contact me at the information listed below.

Sincerely,

NAME OF CASE MANAGER OR MANAGER
TITLE
PROGRAM OR ORGANIZATION NAME
ADDRESS
PHONE
EMAIL