Clackamas Health Centers Consent to Treatment

Patient Name_____

Consent to Treatment

I give my permission to the healthcare providers, care team members and associates of Clackamas Health Centers to diagnose and treat me. I consent to any and all treatment including, but not limited to, physical examinations, psychological examinations, laboratory procedures, and other procedures related to routine diagnosis and treatment as determined appropriate by the practice's healthcare providers, care team members and associates.

I understand that I have the right to information on the expected risks and benefits of treatment.

I understand that I may start and stop treatment whenever I choose.

Authorization regarding payment

I understand that services will be provided regardless of whether or not I have medical insurance.

I understand the Clackamas Health Centers Sliding Fee Discount. I understand that if approved for a discounted fee, I may still be expected to pay a nominal fee for each visit. I acknowledge that not all services I receive may be eligible for a discount and I may be responsible for fees.

I hereby authorize and request the payment of services from Medicare, Medicaid and/or other insurance plans or payers be made on my behalf to Clackamas Health Centers. I hereby assign to Clackamas Health Centers all payments for treatment services.

I authorize Clackamas Health Centers to provide to my insurance companies all information necessary to process insurance claims. I authorize any payment from my insurance companies to be paid directly to Clackamas Health Centers.

I authorize Clackamas Health Centers to release to the insurance companies any treatment information required to process my claims.

Notice of Privacy Practices and Other Handouts

I have been given Clackamas Health Centers' Notice of Privacy Practices and information about my rights and responsibilities, the complaint process, confidentiality, risks and benefits of treatment, and service options offered by Clackamas Health Centers.

Patient's / Patient's representative's Signature	Patient's / Patient's representative's Printed Name
Date	Representative's relationship to Patient

Under Oregon Law
A minor of any age may consent without notifying their parent or guardian to receive birth control services or treatment for sexually transmitted infection.
A minor aged 14 or above may give consent to mental health, or substance abuse treatment without notifying their parent or guardian.
A minor aged 15 or above may give consent to medical treatment without notifying their parent or guardian.
ORS 109.610, 109.640, 109.675

Patient Label (office use only)

Health, Housing & Human Services
CLACKAMAS COUNTY