Grant County Health Department

COMMUNITY COUNSELING SOLUTIONS

Changing Lives

**KIMBERLY LINDSAY, ADMINISTRATOR**

## Consent for Services

I understand that Grant County Health Departments requires a signed consent for Covid-19 testing in collaboration with Lab Corp. I understand I need to sign it before my child and/or myself as a patient 18 years of age or older can be tested. I,_____, give consent to Grant County Health Department and its employees and/or contractors, including Lab Corp, to examine and test my child _____ and/or myself by signing this form. I understand that I will be charged a $10 collection fee prior to testing. At this time most insurance companies are covering the cost of testing. Lab Corp is also working to obtain federal funding for testing. If insurance or funding does not cover the test, Lab Corp will bill the individual a $51 fee. If here for any other services, the consent to treat below applies.

I am voluntarily applying to the Grant County Health Department for services – this may include reproductive health services and/or primary care services. I understand:

- I may receive medical care that involves follow up testing and treatment;
- Arranging for these tests and treatments are my responsibility;
- Necessary follow-up care for abnormal findings will be my responsibility when referred from this agency to a physician or other health care provider;
- That all services will be explained, and I can ask questions;
- I may be given information about birth control methods;
- I can ask questions and refuse any birth control method I do not want to use;
- Reproductive Healthcare Services will not be refused if I owe money from other visits types;
- Services do not include 24-hour care, and in case of a medical emergency, I will need to go to an emergency room and pay its costs.

Services could include, but are not limited to, the following:

- Reproductive health counseling on birth control, getting pregnant, healthy pregnancies and other subjects as needed.
- Sexually transmitted disease exams and treatment.
- Pap smears and physical exams for women.
- Hemoglobin, hematocrit, glucose, hemoglobin A1C screening and urine microalbumin.
- Urinalysis.
- Pregnancy, testing and referral.
- Physical exams for children, adults and the elderly including CDL and sports physicals
- WIC services.
- Primary care including preventive services, treatment of acute and chronic illnesses or disease and education about personal medical issues
- Dental assessment to include fluoride varnish when appropriate
- Referral for services when indicated

Fees for services are based on a sliding fee schedule provided by Oregon State Health Division. The amount you pay is determined by your family's gross monthly income, and the number of people in your family. We will bill most insurance. Reproductive Health Clients will not be denied services or subjected to any variation in the quality of services based on their inability to pay. Priority for reproductive health (RH) services will be given to persons from low-income families and others who may have difficulty accessing services, but is not limited to this population. No durational residency requirements will be allowed in the provision of RH services.

All services and communication you receive here are confidential, except in the following circumstances:

- In the instance of child abuse.
- In the instance of statutory rape.
- In the instance when a court of law issues a subpoena for medical records.
- When there are positive HIV results for a minor.
- In the instance of a reportable disease, Grant County Health Department will be required to report it to Oregon State Public Health.

*Explanations of the above circumstances are available upon request

**Grant County Health Department is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Grant County Health Department, OCHIN supplies information technology and related services to Grant County Health Department and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Grant County Health Department with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.**

I have received a notice of privacy practices and questions I have about the privacy practices of Grant County Health Department have been answered to my satisfaction. By my signature I acknowledge I understand and agree with all issues addressed above.

I, (print my name)_____, have read and understand the above information, and consent to receive health services from the Grant County Health Department.

_____ _____ _____

Client Signature Date Witness

_____ _____

Interpreter Signature Date