

Open Door Health Services On-The-Go Mobile Unit

CONSENT FOR TREATMENT

(Please Print) Student's _____
Last name First Name Middle Name DOB

I give permission for my child, listed above, to receive health services from Open Door Health Services On-The-Go mobile unit. I understand that the On-The-Go unit may not be able to take care of all the health needs my child may have. My consent will allow my child to receive health services (including medical, dental and behavioral health) while he/she is a student at this school. If I change my mind, I must write a letter to Open Door Health Services stating my intentions. It will also be my responsibility to notify Open Door Health Services staff about changes in guardianship, address and phone numbers of my child.

I acknowledge my responsibility to pay for this care according to the fees established. Furthermore, I authorize assignment of benefits for medical/dental service to be paid to ODHS.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The signature below acknowledges that I have been provided Open Door Health Services' (ODHS) Notice of Privacy Practices.

- It tells me how ODHS will use my health information for the purposes of my treatment, payment for my treatment, and ODHS's health care operations.
- The notice also explains in more detail how ODHS may use and share my health information for other than treatment, payment, and health care operations.
- ODHS will also use and share my health information as required/permitted by law.
- I have also been told Open Door may use my contact information to remind me of appointments and/or needed health services unless I request a confidential communication option.
- I understand Open Door Health Services may communicate with my child's primary medical provider, school nurse, school social worker or insurance company as needed to provide coordination of care.

Signature: _____ Date: _____
(Patient or Legally Authorized Representative)

Relationship of Legally Authorized Representative to Patient: _____