

BAKER COUNTY HEALTH DEPARTMENT/SCHOOL-BASED HEALTH CENTER
General Consent Form

Student Name: _____ Address: _____

Date of Birth _____ City/Zip _____

I acknowledge that the above named student may voluntarily seek medical care and counseling services from the Baker School-Based Health Center (SBHC). As a client of the SBHC, I may expect to receive dignified, quality care; to be informed of matters concerning my health care; and to be assured of confidentiality. By signing at the bottom of this form, I give my permission for the School-Based Health Center (SBHC) located at Baker High School to provide medical care and counseling services to the student named above.

I understand the following types of services are offered through the SBHC:

- Routine physical exams, including sports physicals
- Diagnosis and treatment of illness and minor injuries
- Vision, dental and blood pressure screenings
- Reproductive health and education
- Immunizations
- Tuberculosis Skin Testing
- Health education, counseling and wellness promotion
- Nutrition education and weight management
- Classroom presentations
- Smoking cessation and education classes
- Referral for health care services which cannot be provided at the SBHC
- Mental Health and Behavioral Health Counseling

I understand that services I receive and my medical records are confidential with the following exceptions:

- **Court Order:** If a judge issues a subpoena for my medical records, SBHC is required by law to submit records to the court.
- **Communicable Disease Reporting:** Many communicable diseases, including sexually transmitted infections are required to be reported by law. If I have positive test results, SBHC and Baker County Health Department will report this to state Public Health authorities.
- **Child Abuse/Sexual Offense Reporting:** Staff at the SBHC are required to report physical or sexual abuse of a person under 18 to social services or law enforcement agencies. I understand that I may choose not to disclose sensitive information such as age of sexual partner and that services will not be denied.
- **Consent to Bill Insurance:** I allow the release of any information needed to process insurance claims and request payment for medical benefits. I have given a copy of my current insurance card and allow the SBHC and Baker County Health Department to use and release this information to bill for received services.

I have read the above information and have had the opportunity to have any of my questions answered. I understand that I may revoke my consent at any time by submitting a written notice to the SBHC.* I also understand that this form will automatically expire one year from the date signed.

_____	_____	_____
Client / Parent or Legal Guardian Signature	Date	Home Phone
_____	_____	_____
Witness Signature	Date	
_____	_____	_____
Translator / Name of Person Giving Verbal Consent	Date / Time	
_____	_____	_____
Person Obtaining Verbal Consent	Date / Time	

CARE EVERYWHERE

Baker County Health Department is part of an organized health care arrangement including participants in the OCHIN, Inc. A current list of OCHIN participants is available at <http://www.ochin.org/our-members/ochin-members/>. As a business associate of Baker County Health Department, OCHIN supplies information technology and related services to Baker 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 assess 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 Baker County Health Department with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

*Oregon state law requires a parent or legal guardian's consent to provide medical treatment to an individual less than 15 years of age except for family planning, sexually transmitted disease services and certain mental health services. ORS 109.610, ORS 109.675, ORS 109.640

Baker County Health Department and School-Based Health Center is available to all, that no individual is excluded from participation, denied benefits, or subject to discrimination on the grounds of race, color, national origin, age, sex, disability, sexual orientation, religion, culture and/or financial status. 6/19/2017