

Patient Name \_\_\_\_\_

### Consent to Treatment

I give my permission to the nurses, community health workers and associates of Clackamas County Public Health to provide home visiting services to me and/or my child. I consent to all interventions including, but not limited to, care coordination, physical assessments, psychological screenings, education, referrals, and nursing interventions in alignment with the Nurse Home Visiting scope of practice.

I authorize Clackamas County Public Health to document my appointments in OHCIN EPIC health record system. Additionally, I grant CCPH permission to collect data as per Oregon Health Authority and submit that data into the Tracking Effectiveness of Home Visiting in Oregon (THEO) database.

I understand that I have the right to information on what screenings, education, coordination, and referrals are being done on my and/or my child's behalf.

I understand that I may stop engagement whenever I choose.

### Authorization Regarding Payment

I understand that services will be provided regardless of whether I have medical insurance.

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 County Public Health. I hereby assign to Clackamas County Public Health all payments for treatment services.

I authorize Clackamas County Public Health 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 County Public Health.

I authorize Clackamas County Public Health 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 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 County Public Health.

\_\_\_\_\_  
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