

Hopewell Health Centers, Inc.

Consent for Evaluation and Treatment

Hopewell Health Centers (HHC) is dedicated to providing primary care, dental and mental health services to residents of our communities. Because physical and emotional problems often go together, we believe the best care is given when health care providers work together. HHC patients may be referred to providers from other health care specialties within the HHC treatment team.

Patients are seen by appointment only, except in emergencies. Patients must call in advance if they cannot keep their appointment.

HHC will use and share patient information for treatment, payment and health care operations, otherwise information about a patient will NOT be given to anyone outside HHC, including family and friends, unless the patient (parent or legal guardian, if a minor) gives written permission. However, we may release patient information to others without the patient's permission if:

- 1) The patient poses a threat to him/herself or others.
- 2) The patient is unable to protect him/herself from risk of harm.
- 3) The patient is in the legal custody of a government agency or facility.
- 4) There is evidence of child abuse, elder abuse or abuse of a DD person.
- 5) The patient's clinical records are requested under court order.
- 6) Other areas as noted in the Notice of Privacy Practices.

There are fees for all services, and patients are asked to pay on the day they are seen. Health insurance policies may cover a portion of the fees and staff will help the patient in making claims. Patients are asked to tell HHC staff about changes in financial status.

The professional staff of this facility will depend on statements made by the patient, the patient's medical history, and other information to evaluate his/her condition and decide on the best treatment. The evaluation and treatment of children and adolescents often requires the involvement of the parent(s) and/or other family members.

A photograph may be taken of the patient to ensure proper identification. Some services at HHC may involve the use of telemedicine equipment and interaction with providers who are not physically onsite. These sessions are transmitted via secure, dedicated high-speed lines and are not videotaped, routed through the internet or saved in any way.

Health professions are not exact sciences and no guarantees are made concerning the course of treatment proposed by the provider. Any questions about the benefits, risks, available options, or the limits of confidentiality should be directed to the treatment staff.

In treating patients, studies including x-rays, laboratory tests, EKGs or psychological tests may be warranted. There are risks involved in taking any medications and any questions about medications will be answered by the medical staff.

When filling out this document on-screen, you must complete this Acceptance section. NOTE: By selecting "I accept" you are confirming your intent to sign this document electronically.

ACCEPTANCE OF ELECTRONIC SIGNATURE:

I ACCEPT. I am signing this document by typing my name in the Signature field below.

I DO NOT ACCEPT. I will print out and sign a paper copy and deliver or mail it to my healthcare provider.

I am 18 years of age or older, I can consent for all health services; otherwise my parent or legal guardian will need to consent for services, except for certain circumstances.

By signing this form, (parent or legal guardian signature, if required) I agree that I have read or had this form read and/or explained to me, that I understand it and that any questions I asked have been answered. I understand that I agree to be truthful in providing information.

Thus, I hereby ask and agree to evaluation and treatment for myself and/or my child, including any studies or procedures that HHC professional staff decide are necessary.

Patient's or Guardian's Signature

Printed Name

Date

Patient DOB