WESTSIDE FAMILY HEALTH CENTER
a california health+ center

CONSENT FOR MEDICAL SERVICES

Name: ____Record Number: _____________

I hereby give my consent for (me/my child) to receive a medical examination and treatment to be performed at Westside Family Health Center (Center).

I have been informed and am aware that (I/my child) may be examined by a Physician's Assistant, a Nurse Practitioner, a Nurse Midwife, or a physician.

I am aware that, although quality medical care will be given to (me/my child), no absolute assurance can be made to me concerning the results of any medical services.

I have been told and I understand the importance of the Center being able to contact me with results of any lab tests (regarding me/my child). I acknowledge that it is my responsibility to supply accurate information as to where I can be reached. If I choose not to allow the Center to contact me, I will take the responsibility for contacting the Center no later than two weeks after the time of the examination in order to be informed of the results of any lab test done to (me/my child). I understand that all information will be confidential.

I understand that if I have given untrue information about (me/my child's) medical history, any resulting complications are my responsibility and not the responsibility of the Center or its staff.

I understand that services are provided on a voluntary basis and receipt of family planning services is not a prerequisite to receipt of any other services offered.

I consent to allow the Center to release the results of (my/my child's) test to another provider in order to facilitate (me/my child's) ongoing medical care. Check one:

___ Yes, I consent to the release of my/my child's medical records to another provider.

___ No, I do not consent to the release of my/my child's medical records to another provider. I understand that I should change my mind and allow my/my child's records to be released, I will have to give permission by appearing at the Center.

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ AND FULLY UNDERSTAND THE ABOVE

Signature: ____ Date: __________________

Witness: ____ Date: __________________