



Place Label Here

## HEALTHFIRST BLUEGRASS CONSENT FOR EVALUATION AND TREATMENT

At HealthFirst Bluegrass we believe people find their greatest level of wellness when they take care of both physical and emotional health. To help with this, our treatment teams have medical and behavioral staff who will work with you. Members of your treatment team will have access to your health record and share clinical information with one another as needed.

HealthFirst Bluegrass will use your statements, medical history, and other clinical information to evaluate your needs and recommend the best plan of care. Treatment may include screening, exams, lab tests, treatment, medicine, behavioral services, and any other studies or procedures that HealthFirst Bluegrass professional staff decide are necessary or appropriate. Health care is not an exact science and no guarantees are being made as to the outcome of any exam or treatment. Please ask your treatment team all questions about risks and benefits of recommended treatments.

Medical evaluation at HealthFirst Bluegrass may also include testing for HIV infection, Hepatitis B, or any other disease carried by blood or body fluids. These tests may be needed for diagnosis; to assist in your medical treatment, or if a health care worker is exposed to your blood, body fluids or tissue.

HealthFirst Bluegrass may be required to share your information if certain legal conditions are met. HealthFirst will only share your information when required by law and will only share the minimum amount necessary. For more information, please see the HealthFirst Notice of Privacy Practices Form. HealthFirst Bluegrass will release your records to your insurance provider for billing and case management.

Some services at HealthFirst Bluegrass may involve the use of telemedicine equipment with the service provider being located offsite. These sessions use secure, dedicated high-speed lines in accordance with applicable law, regulations, and guidelines. They are not videotaped, routed through the internet, or saved in any way. Your photo will be taken for chart identification. Photos may also be taken for clinical documentation purposes. Photos are housed within your chart.

**ELECTRONIC COMMUNICATIONS:** Is it okay for HealthFirst Bluegrass to use an automated telephone message to remind you of your appointment (only a time, date and location will be stated)?

Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

Is it okay for HealthFirst Bluegrass to contact you with appointment reminders and general communications using text messaging and/or e-mail?

Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

*My signature below confirms my identity and shows that I am giving my consent for treatment. If signing for a minor, my signature confirms that I am the parent or legal guardian and am consenting to the minor's treatment. I understand this consent will remain in effect until revoked. To terminate this consent, I must do so in writing.*

Print Patient's Name \_\_\_\_\_

Signature of Patient, Parent, Guardian or Legal Representative

\_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_