



Medical Record #

Name:

Consent for Evaluation and Treatment

Cherokee Health Systems (CHS) is dedicated to providing primary care, dental and mental health services to East Tennessee residents. Because physical and emotional problems often go together, we believe the best care is given when health care providers work together. CHS patients may be referred to providers from other health care specialties within the CHS treatment team; members of the treatment team will share clinical information with each other as is clinically necessary.

Patient may be seen by advance appointment only except in emergencies. Patient shall call in advance if Patient cannot keep his/her appointment.

Information about Patient will NOT be given to anyone outside CHS, including family and friends, unless Patient (parent or legal guardian, if a minor) gives written permission. Patient may consent to release of his/her information if Patient is age 16 or older for behavioral care and 18 or older for primary or dental care. However, we may release Patient's information to others without the Patient's permission if: 1) Patient poses a threat to him/herself or others; 2) Patient is unable to protect him/herself from risk of harm; 3) Patient is in the legal custody of a government agency or facility; 4) there is evidence of child abuse; 5) Patient's clinical records are requested under court order including a subpoena to which Patient does not object promptly; or 6) Patient is referred to a collection agency in order to collect on an overdue account.

There are fees for all services, and Patient should pay on the day Patient is seen. Health insurance policies may cover a portion of the fees and staff will help Patient in making claims. Patient shall tell CHS staff about changes in financial status including insurance.

The professional staff of CHS will depend on statements made by Patient, 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.

Some services at Cherokee Health Systems 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 or effect of treatment proposed by the provider nor outcomes of treatment. 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. Patient accepts the risks of medication and other treatment.

I understand, that if I am 16 years of age or older, I may consent for mental health services; if I am 18 years of age or older, I may consent for all other health services; otherwise my parent or legal guardian will need to consent for services. 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, agree, and consent to evaluation and treatment for myself and/or my child(ren) as set forth above, including any studies or procedures that CHS professional staff decide are necessary or appropriate. If signing as parent or guardian, I hereby represent and warrant that I am legally empowered and entitled to make such decisions.

Patient's or Guardian's Signature

Date

Type or print name

Witness

Date