

**JASPER NEWTON COUNTY PUBLIC HEALTH DISTRICT
GENERAL CONSENT AND DISCLOSURE**

The information in this consent is given so that you will be better informed about the health care services you will receive. After you are sure you understand the information which will be given about the services and, if you agree to receive the services, you must sign this form to indicate that you understand and consent to the services.

JASPER NEWTON COUNTY PUBLIC HEALTH DISTRICT (JNCPHD) encourages individuals to seek a personal physician for periodic health examinations and for treatment of health problems. **JNCPHD** clinic services are targeted primarily toward prevention of health problems among those who cannot access a physician. **JNCPHD** cannot assume the responsibility for payment of medical care received outside this clinic, including the delivery of babies, unless previous authorization has been given.

DISCLAIMER ON SCREENING: **JNCPHD** uses screening tests, which are a way to find people who may develop certain common medical problems. Screening tests are valuable because they can find disease early-before it becomes a big health problem. Screening tests do not cover all diseases and may miss some diseases they are supposed to find, so the test results are not final, just one part of a complete exam. Screening tests can alert you to promptly get a medical check-up and treatment from a doctor or health clinic of your choice.

GENERAL CONSENT: I give permission to **JNCPHD**, its designated staff and other medical personnel providing services under its sponsorship to perform physical assessments or examinations, conduct laboratory or other tests (**which may include HIV testing**), give injections, medications, and other treatments, and render other health services to the patient identified on this form.

ADDITIONAL CONSENT: In addition to the above general consent, I understand that special consent forms must be read and signed for the following procedures; medications for tuberculosis and Hansen's disease, Immunizations and family planning methods.

BREAST AND CERVICAL CANCER SERVICES CONSENT: I give consent to **JNCPHD** to enter or view data in the statewide database Med-IT.

PRIVACY NOTICE: I acknowledge that I have received a copy of **JNCPHD's** HIPAA Privacy Notice.

DISCLOSURE OF HEALTH INFORMATION: **JNCPHD** may disclose health information about you:

- when a law requires the use of disclosure.
- to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider.
- to a public health authority for the purpose of preventing or controlling disease.
- to a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease condition.

QUESTIONS: I certify that this form has been fully explained to me, that any blank lines have been filled in and that any questions I have had about the services have been answered to my satisfaction.

SIGNATURES SECTION I: Fill blank lines with NA if not applicable

Patient's Name _____ Patient's Signature _____

Person Authorized to Consent (if not Patient) _____ Relationship _____

Signature _____ Date _____

I decline HIV testing at this time. If so, initial here: _____

SIGNATURES SECTION II: I certify that the person who has the power to consent cannot be contacted and has not previously objected to the service being requested.

Patient's Name: _____ Name of Person Giving Consent: _____

Signature: _____ Relationship to Patient _____ Date: _____

Address: _____ Phone Number _____

SIGNATURES SECTION III

Counselor Signature _____ Date: _____