PARENTING ON CALL

This form must be signed before services can be initiated.

Consent for Treatment
I hereby attest that I have voluntarily applied for and entered into treatment (or give my consent for the minor or person under my legal guardianship) at Parenting On Call. I understand that I may terminate these services at any time.

Receipt of Policies and Procedures
I hereby attest that I have received a copy of the *Policies and Procedures* and have read and understand is content.

Receipt of Patient's Rights
I hereby attest that I have received a copy of the *Patient Rights* and have read and understand is content.

Receipt of Privacy Policy and Consent for Disclosure of Health Information
I have been provided a copy of the *Notice of Privacy Policies* detailing how my (my child's) medical record may be used and disclosed under Federal and State law. I understand that as part of Parenting On Call treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information (PHI) to another entity (i.e., emergency, insurance company when applicable, etc.), and I consent to such disclosure for these permitted uses, including disclosures via fax and e-mail only to appropriate parties. I fully understand and accept the terms of this **Consent** and acknowledge the receipt of the *Notice of Privacy Policies*. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I understand that by refusing to sign this consent or revoking consent, Parenting On Call may refuse to treat me. I further understand that Parenting On Call reserves the right to change its privacy policies and will provide me with a copy of any revised notice.

Photocopy Authorization
I permit a photocopy of this consent form as if it were an original executed consent.

Name of Patient (Printed): _____

By signing below, you are attesting to the accuracy of the above statements including all consents and authorization implied therein. A copy of this agreement is available upon request.

_____ _____
Patient Signature (if over 18 years or emancipated) Date

For Minors:

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Parent/Legal Guardian Signature Date