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Consent for Treatment

I agree to receive routine treatments and procedures that my medical health provider believe will help improve my health. A "routine" treatment or procedure is one that is regularly offered in an outpatient center like Colorado Health Network Medical Clinic (CHNMC). I understand that my medical health provider will work with me to diagnose and treat my health issues. Therefore, I agree to receive medicine and/or treatment that my medical health provider believes will help to diagnose and/or treat problems I am having, or improve my health and wellness.

Routine medical treatments and procedures at CHNMC may include:

- Asking questions about my medical history and my health
- A physical exam
- Measuring my blood pressure, temperature, height and weight
- Prescribing and/or giving me medicine
- Having blood drawn for tests
- Other simple, common procedures

If my provider recommends any "non-routine" treatments, procedures or medicines, we will talk about that separately. I may get a special consent form for care that is non-routine that will be explained and reviewed with me by my medical or behavioral health provider.

I understand that:

- CHNMC cannot promise that I will get good results from the treatment, procedures, services and medicine I receive
- My medical health provider will explain the benefits and possible risks from the routine treatment, procedures, services and medication I may receive and will tell me about other options too.
- I will have a chance to ask questions and get answers I understand about any concerns I have
- I will be able to choose the treatments, procedures, services and medicines that are suggested to me. I can

choose to take some and refuse some of the treatments, procedures, services and medicines that are suggested to me.

- I can change my mind about the services I want at any time, but CHNMC cannot reverse care I have already gotten.
- If I refuse to consent to all treatment, I cannot be treated at CHNMC. Instead, CHNMC will give me referrals to other providers or health care agencies.
- I understand that my providers at CHNMC work together to provide integrated health care and to provide me the best health care experience. To do that, information about me may be shared with other necessary CHNMC staff involved in my care, such as my Medical Assistant, Case Manager, and Behavioral health provider.
- I understand that information I give to CHNMC is confidential and cannot be shared with anyone outside of CHNMC without my written permission except as required by law.
- I understand that CHNMC is required to report information to the State of Colorado Immunization Registry.
- I understand that CHNMC may have to share some information with outside organizations about me without my permission when any of the following things happen:
 - If CHNMC finds out about or suspects child abuse, elder abuse or abuse of someone that is disabled, it is required to report information to protect the person that may be abused.
 - If CHNMC believes that I am at a high risk of hurting or killing myself or someone else, CHNMC has to help keep me and the other person safe.

For more information about how my information can, cannot or must be shared, I can review the CHNMC's Privacy Policies and the CHNMC's Patient Rights and Responsibilities.

Patient Signature

Date

Patient Printed Name