

Douglas C.A.R.E.S
545 W Umpqua St, Roseburg, OR 97471
Phone (541) 957-5646

Consent To Medical Services

Child's Name _____ DOB _____

AUTHORIZATION FOR EXAM REQUEST BY PATIENT/PARENT/GUARDIAN

I, _____ hereby request a medical examination for evidence of child abuse and treatment
PRINT NAME

of injuries. I understand collection of evidence may include photographing injuries and these photographs may include the genital area. I understand that a taped recording may be created as further evidence of my child's genital area and will have only a name as an identifying label. I further understand that hospitals, physicians, and Douglas C.A.R.E.S. are required by law to notify Department of Human Services, Child Welfare Programs of known or suspected child abuse and if child abuse is found or suspect, any evidence obtained will be released to a child protective agency.

TELEMEDICINE CONSENT FORM

I authorize Douglas CARES to utilize telemedicine in the course of the diagnosis and treatment of my child. I understand that telemedicine involves the communication of medical information, both orally and visually via a computer to physicians and other health care practitioners located in other parts of Oregon.

I understand that the laws that protect confidentiality of medical information apply to telemedicine and that no information, which identifies my child, will be disclosed during the telemedicine interaction.

I authorize use of visual images that contain no identifying information of my child to be used for training for educational purposes.

Confidentiality. The material in any application forms and all information given to us, will be held in strict confidence. All information you provide will be used by those at Douglas C.A.R.E.S. to help you. Information cannot be released without your written permission, as per Oregon Statutes 179.505 and 192.500. However, there are some legal limits on confidentiality that you should be aware of:

- When a fee is assessed for services provided to you, information may be released to government agencies and/or insurance companies in order to obtain payment.
- If there is definite, clear and convincing evidence that you are an immediate danger to yourself or others, the agency may have to reveal this to the proper authorities.
- Incidents of child abuse, including physical injury, neglect or sexual abuse must be reported to authorities by Douglas C.A.R.E.S. staff.
- A court of law may subpoena information and may order release of information in a legal proceeding.

The most common exceptions to the limits of confidentiality are outlined above. In actual practice the incidents where disclosure of information occurs without your knowledge and permission are rare. C.A.R.E.S. is committed to protecting and preserving your right to privacy.

Grievance Procedures. If at any time you are uncertain about or displeased with the services you are receiving at C.A.R.E.S., you should discuss these concerns with the person who is directly providing you with services. If you are unable to discuss your problems with the assigned C.A.R.E.S. staff person or if after talking with them, you feel your concerns have not been resolved, you should ask to the director. If you feel your legal rights have been violated, present your complaints to the director immediately.

Consent to Services. I have read and understand the above information and consent to participate in the services provided.

Parent/Guardian Signature

Date

Witness Signature

Date