NEHALEM BAY
HEALTH CENTER & PHARMACY
COMPASSIONATE COMMUNITY CARE

885 Nehalem Blvd | PO Box 176 | Wheeler, OR 97147 | 1-800-368-5182 | Fax: 1-844-712-3001 | Nehalembayhealth.org

Received by: _____
Entered by: _____

CONSENT TO TREAT & AUTHORIZATION FOR RELEASE OF BILLING INFORMATION

Please read the following completely and sign below. Services may be withheld if not signed.

I consent to health care and treatments (for myself and/or for the person for whom I am guardian) as may be deemed necessary, advisable, and ordered by the healthcare provider(s) at Nehalem Bay Health Center. This may include, but are not limited to laboratory procedures, x-ray examination, dental services, mental health and substance abuse services.

I hereby authorize Nehalem Bay Health Center to release to a third-party payer any medical or psychiatric condition, alcohol or drug related condition and records concerning diagnosis and treatment when requested by such a third-party for its use in determining a claim for payment for such treatment and/or diagnosis.

I agree to pay for all services provided by Nehalem Bay Health Center. I understand that I am financially responsible for the fees for the services and procedures rendered and/or any other related fees. I hereby authorize payment of medical benefits directly to Nehalem Bay Health Center herein specified and otherwise payable to me for their service(s) as described, but not to exceed the reasonable and customary charges for these services.

I permit a copy of this authorization and assignment to be used in place of the original that is on file at the healthcare provider's office. This assignment will remain in effect until revoked by me in writing.

I have read and I understand the above statement and my financial responsibilities.

PATIENT/GUARDIAN/PATIENT REPRESENTATIVE

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Nehalem Bay Health Center provides care in accordance with Oregon law regarding minor consent (ORS 109.640, 109.675). Minors at any age may sign their own consent to access reproductive health services. Minors 15 and older may consent to medical and dental care. Minors 14 and older may consent to outpatient mental health or substance use treatment without a parent or guardian; however, we may involve or notify parents as permitted by ORS 109.650 and 109.680 when clinically appropriate.