PEOPLE'S COMMUNITY CLINIC

Statement of Informed Consent for Delivery of Services

Medical and other health-related services at PCC are provided by trained, licensed, or certified health-professionals, including physicians, physician assistants, nurse practitioners, midwives, nurses, medical assistants, social workers, and health educators.

Periodically, PCC serves as a teaching site for nurse practitioner or physician assistant students, resident physicians, and medical students. Student training is under the direct supervision of PCC clinical staff. I have the right to refuse to be seen by a health professional trainee.

PCC provides care without regard to race, color, religion, gender, age, national origin, sexual preference or contraceptive preference.

PCC provides primary health care. If I have a medical emergency, I will have to go to a hospital emergency room. PCC staff cannot admit me to a hospital.

Information about my heath and medical care will be written in my medical record. The information in my medical record will not be released to anyone without my written permission, except where allowed by law. Except where allowed by law, I must sign an "Authorization for Release of Information" form for a copy of my record to be released to me or to another healthcare provider. The original record is the property of PCC.

PCC has a detailed Privacy Standard Notice that describes when my medical information may be disclosed without my written permission. As allowed me by law and as described in the Privacy Standard Notice, I understand that I may request certain limitations to the release of my medical information. I have been offered a copy of notice #040103 to read and I may request a written copy of the Privacy Standard Notice.

By signing this form, I am saying that I want PCC to provide medical care to me or to the minor child in my custody. I understand to receive certain services for myself or my child, I may have to sign other consent forms.

or	
	Signature of parent or guardian
or	
	Printed name of parent or guardian
-	Witnessed by
_	

This consent is valid until I revoke it in writing.