cares northwest
Protecting children, healing lives.

Patient's Name: ______________________

DOB: ______________________

AUTHORIZATION FOR PATIENT'S MEDICAL EVALUATION AT CARES NORTHWEST

A. CONDITIONS

1. As licensed health care professionals, state law requires CARES Northwest staff to report suspected child abuse. This means that CARES Northwest staff must report any information collected at this evaluation that causes them to suspect that any person has abused the patient in any way.
2. CARES Northwest releases information about the patient's physical exam, interview, and family history to agencies that investigate suspected child abuse:
   - Department of Human Services/Child Protective Services ______________________
   - Law Enforcement Agency/Agencies ______________________
3. With your authorization, CARES Northwest may release information to health care providers or therapists:
   - Health Care Provider ______________________
     Contact Info/Location ______________________
   - Therapist ______________________
     Contact Info/Location ______________________
   - Other ______________________
4. Your input is important to us and you are welcome to stay at the clinic during the evaluation. You can also leave the clinic at any time. You are not required to answer any questions asked of you.
5. The evaluation may include medical and family history gathering, physical exam, laboratory tests, imaging studies, and video recorded interview. The physical exam room has an audio feed. The interview room has audio and video feed. When you, the parent or guardian, sign this consent form, you understand and consent that CARES Northwest staff, Department of Human Services and/or law enforcement staff may watch or listen to the evaluation. Staff may be present in person or attend by secure video transmission. CARES Northwest staff will review the patient's physical exam with you and encourage you to ask questions.
6. CARES Northwest staff may take photos and video recordings of the patient. These records are used for medical diagnosis and treatment. The records may be used for legal purposes.
7. After the patient's evaluation, the medical provider and/or interviewer will meet with you and give you a verbal summary of the evaluation. Due to confidentiality, you will not see the patient's interview. Also, you will not get the written report or a copy of the video recorded interview.
8. CARES Northwest is a teaching program. Professionals in training may be part of the evaluation.
9. CARES Northwest may use photos, video recordings, or parts of the written record for teaching purposes. Staff will remove all protected health information to preserve confidentiality and privacy of patient and family. Among other things, protected health information is name, birth date, social security number, medical record number, account number, health plan number, address, phone number, and date of service.
10. All written documents, photos and video recordings in the patient's medical record are kept confidential under state and federal laws.

B. CONSENT TO PATIENT'S MEDICAL EVALUATION AT CARES NORTHWEST

I consent to the patient's evaluation at CARES NORTHWEST. I understand and agree to the conditions listed above.

____
(Parent/Legal Guardian/Patient Signature) (Printed Name) (Relationship to Patient) (Date and Time)

____
(Parent/Legal Guardian/Patient Signature) (Printed Name) (Relationship to Patient) (Date and Time)

I EXPLAINED THE CONDITIONS ABOVE TO THE PARENT, LEGAL GUARDIAN, OR PATIENT.

____
(Medical Provider Signature) (Printed Name) (Date and Time)

____
(Witness Signature – Only required for telephone consent) (Printed Name) (Date and Time)

Keep original form in medical record.