



STUDENT HEALTH CENTER GENERAL ACKNOWLEDGEMENT AND CONSENT

NAME _____ ID# _____ DATE _____

ADDRESS _____

CITY _____ ZIP _____

I hereby request that a person authorized by Pierce College Student Health Center (PCSHC) perform examination and/

I realize that if tests are taken for sexually transmitted diseases, reporting of certain ~~test results~~ ~~to~~ public health agencies is required by law.

If I am requesting a laboratory test(s), I release PCSHC and its medical staff and its employees from any and all liability arising out of or connected with this test(s), and particularly with ~~regard~~ ~~to~~ errors in diagnosis based on this test(s).

I understand that all services provided by PCSHC and my medical record are confidential and that information will only be released upon my written consent. This excludes information necessary for ~~cost~~ ~~insurance~~, funding and billing purposes including but not limited to MediCal and Family PACT for which I give permission to the employees of PCSHC (and other persons authorized by them) to use, with the understanding that my confidentiality will be ~~maintain~~ ~~maintained~~.

Minors

Parental or custodial consent is required for all minors under the age of eighteen before medical treatment or services are provided, with the following exceptions:

Minors who are at least twelve years of age may consent to the following: emergency treatment; treatment of infectious, contagious or communicable diseases; diagnosis or treatment of rape or sexual assault; mental health treatment and counseling; and/or diagnosis or treatment of drug or alcohol related problems. (California ~~Family Code~~ ~~sections~~ 6926929)

Referrals will be made for further diagnosis and /or treatment where indicated.
I understand that if follow up is needed, I will assume responsibility for such follow up

CONSENT FOR TREATMENT AND LIMITS OF CONFIDENTIALITY

I hereby grant Pierce College Student Health Center permission to treat and/or make necessary referrals for medical/psychological care, if needed. I understand that my medical records are kept