

Beaumont

BEAUMONT TEEN HEALTH CENTERS CONSENT TO TREATMENT

Child and Adolescent Health Center – Adams
33475 Palmer
Westland, MI 48186
734.728.2423

Child and Adolescent Health Center – Pierce
25605 Orangelawn
Redford, MI 48239
313.242.0570

Teen Health Center – River Rouge
1460 W. Coolidge Hwy
River Rouge, MI 48218
313.843.1639

Teen Health Center – Romulus
9650 South Wayne Road
Romulus, MI 48174
734.942-4857

Teen Health Center – Taylor
26650 Eureka Road, Suite B
Taylor, MI 48180
734.942.2273

Teen Health Center - Westwood
5912 Annapolis Street
Inkster, MI 48174
313.565.2174

Patient Name _____ **Birthdate** _____

Section 1: The Beaumont Teen Health Centers provide medical care, mental health care, and health education services to adolescents and young adults including, but not limited to: physicals; immunizations; sick care; first aid; lab tests and prescriptions; skin and nutrition care; hearing and vision screenings; diagnosis and treatment for sexually transmitted infection; HIV counseling and testing; reproductive health education and referral; individual and group counseling; and substance abuse prevention, assessment and referral. Services are rendered without regard to sex, race, religion or sexual orientation.

I understand that Michigan law does not require a parental consent for a minor to receive advice or treatment of drug abuse; alcoholism; sexually transmitted diseases, including HIV; reproductive health care; or outpatient counseling. At the health provider's discretion, a parent may be notified if the situation is dangerous or life threatening.

I consent to allow the Beaumont Teen Health Centers to provide treatment, including, but not limited to, the services listed above as the physician and health care staff of the Teen Health Center consider necessary. I understand that I can withdraw my consent at any time by giving notice in writing. If I am signing as a parent/guardian, this consent is valid until the patient turns age 18 years, unless it is withdrawn in writing.

I understand that testing for blood borne diseases, including HIV, may be performed without a separate written consent if a health professional, volunteer, student or employee of Beaumont is exposed to the patient's blood or body fluids through skin, mucous membrane or open wound.

Section 2: Immunizations and Vaccinations. I understand my child's immunization records from the Michigan Care Improvement Registry will be reviewed. If it is determined that my child needs a vaccination, I give my permission for it to be given at the Beaumont Teen Health Center. I understand that the vaccine information sheet(s) related to any vaccine that my child is to receive are available for my review at my request. I also understand that the relevant vaccine information sheet(s) will be discussed with me over the telephone before the immunization(s) is administered to my child. I understand that I can withdraw my consent for immunizations at any time by contacting the Beaumont Teen Health Center.

Yes, I agree. No, I do not agree. Please Initial _____

Section 3: Authorization to Pay Insurance Benefits to the Beaumont Teen Health Centers and Release of Information.

I authorize my insurance carrier to pay the Beaumont Teen Health Centers for services rendered to me/my child that are covered under my health insurance plan. I understand I may be responsible for fees and charges if my health care provider does not participate in my health insurance plan. I understand I may be responsible for fees and charges that are co-pays, deductibles, or that are for services that are not covered under my health insurance plan. I also authorize the Beaumont Teen Health Centers to release medical information to any Beaumont Health hospital, facility, entity or physician, or me/my child's primary health care provider for continuity of care. A copy of this authorization may be used in place of the original. I understand that I or my insurance carrier may withdraw this authorization at any time by stating so in writing. I understand that the Beaumont Teen Health Centers will protect the information in my/my child's medical record, but from time to time the Beaumont Teen Health Centers must release information regarding the care provided to state or federal regulators. I understand that if a test for certain sexually transmitted infections is positive, the law requires the reporting of the positive result to a public health agency.

I have received a copy of the Beaumont Health Notice of Privacy Practices. I understand that this Notice provides me with information on my privacy rights and how my health information may be used and disclosed.

I consent for treatment as stated in above Sections 1, 2, and 3.

Signature of Parent/Guardian _____ **Date** _____

Patient _____ **Date** _____

Beaumont

Your information. Your rights. Our responsibilities.

JOINT NOTICE OF PRIVACY PRACTICES

Effective: 08/01/2018 | Privacy Office 877-471-2422

YOUR PRIVATE INFORMATION

When you receive medical care at a Beaumont hospital, long term care facility, outpatient treatment center or visit with a Beaumont physician or other health care provider, a record is made. Records are also made when one of our home health care providers or ambulance providers makes a professional visit to your home. These records contain “demographic information” (name, address, telephone number, social security number, birth date and health insurance information). They also contain other information including how you say you feel, what health problems you have, treatments you may have been given, observations by health care providers, diagnoses and plans of care. This information is used for a number of purposes, which are explained in more detail in this document.

OUR PRIVACY PLEDGE

We understand that your health information is personal. We care about your privacy and pledge to guard your information with care. We will not sell information about you without your consent. For example, we don’t sell your health information for marketing purposes unless we obtain a signed authorization from you. We will take steps to protect your information from people who do not have the need and/or legal right to see it and will obtain your consent before sharing your information for reasons other than those described in this notice. This pledge is an important part of our relationship with you. It supports the complete and honest communication necessary to providing quality patient care. We are required to maintain your privacy and provide you with this privacy notice. It tells you about ways health information is used. It describes your rights and our obligations regarding use and disclosure of health information. In emergency situations, we may not be able to give you this notice until after emergency care is provided. We may find it necessary to update or revise this privacy notice in the future. The updated privacy notices will be available at any of our facilities or on our web site. We will also ask you to sign or initial a form indicating you have received this privacy notice from us. Your health information is used and disclosed (given out) in a number of very common ways that benefit you. These common uses and disclosures are for treatment, payment, and health care operations. This privacy notice will explain this in more detail. This notice applies to Beaumont Health including Beaumont hospitals, skilled nursing homes, urgent care centers, our medical staff, outpatient departments, outpatient physical therapy clinics, home health care agencies, hospices, physician offices that we own, outpatient pharmacies and owned ambulance companies, each of which has agreed to abide by the terms of this notice. These organizations participate in an Organized Health Care Arrangement (OHCA) and will share your health information (protected health information) for the purposes of payment, treatment and health care operations. For a complete list of the organizations that participate in the Beaumont Health OHCA, please contact our

Privacy Line at (877) 471-2422 or visit our website at beaumont.org.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record or other health information

- You can ask to see or get a copy of your medical record and other health information we have about you. You can receive an electronic copy if we can readily produce an electronic copy. Ask us how to receive a copy of your record. There are a very few limited circumstances where we may deny your request. If we do, we will tell you and you will have the right to appeal that decision.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may ask you to make the request in writing and state the reason for the changes.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, call your home or office phone) or to send mail to a different address.
- We will agree to all reasonable requests.
- A request can be made during registration, to your patient representative or to the Privacy Office.
- We may ask you to put your request in writing.

Ask us to limit what information we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share the information, if it would affect your care or if we are unable to comply with your request.

Get a list of those with whom we’ve shared information

- You can ask for a list of the times we’ve shared your health information for the six years prior to the date you ask, who we shared it with and why. This is called an Accounting of Disclosures.
- We will include all of the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Our current privacy notice is also available on our website.

Choose someone to act for you

- If a person has the authority to act for you, such as a medical power of attorney or legal guardian, that person can

exercise your rights and make choices about your health information.

- You, or your personal representative, may need to provide authorizing paperwork before we can evaluate if the person has this authority and can act for you before we take any action.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations described below, talk to us. Tell us what you want us to do and we will follow your instructions whenever we can.

In these cases, you have both the right and choice:

- We may release your health information to a family member or friend who is involved in your medical care so long as you have not objected, or if we believe the disclosure is in your best interest.
- Share information in a disaster relief situation.
- Your name, location and your general condition (e.g. fair, stable, etc.) will automatically be included in our hospital directory when you are receiving treatment at our hospitals unless you ask us not to include it. If you decide not to have your name and location listed in the directory, people who call our hospital will be told that you are not here. For more information, please speak to our registration staff.
- If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- Your religious affiliation may be given to a member of the clergy, such as a priest, minister or rabbi, even if they don’t ask for you by name.

In the case of fundraising, you have the right to “opt-out”

We may share some of your information with our Beaumont Health Foundation. This will give the Foundation the chance to tell you about things we do to improve life in the Beaumont communities. It will also give you information on how you might help with these efforts through individual contributions. The information that we share with our Foundation can include your name, the dates you received treatment or services, your treating physician’s name, the name of the department where you received care, limited outcome information, health insurance status and your demographic information such as address and telephone number. If you do not want to receive this information, please notify the Privacy Office at the phone number listed on the first page of this notice.

Health Information Exchange

Epic’s Care Everywhere – Your medical record is stored electronically in Epic, a computer software program. To improve the care that you receive, Beaumont shares your health records electronically using Epic’s Care Everywhere. We do this to allow other health care providers who are treating you to immediately see your medical information. When you are registered at another hospital that uses Epic, a treating doctor at that hospital can request medical records from our hospital electronically. For example, in an emergency, a doctor could request your medical record from Beaumont electronically and then, if granted “permission,” look at your lab results. Sharing your health

information in this way would allow the doctor to make more informed treatment decisions.

There are safeguards in place to ensure that you are currently receiving care at the requesting hospital or health care provider. The health care providers must have enough information about you to validate that they are providing care to you AND you must be registered as a patient in their electronic medical record. Your health information may include sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, mental health, substance abuse, genetic testing, etc. Psychotherapy notes are not included in our health information exchange. If you wish to “opt-out” of Epic’s Care Everywhere, please contact our Privacy Office at the phone number listed on the first page of this notice.

Psychotherapy Notes

If psychotherapy notes are created for your treatment, we must obtain your prior written authorization before using or disclosing them, except (1) if the creator of those notes needs to use or disclose them for treatment, (2) for use or disclosure in our own supervised training programs in mental health or (3) for use or disclosure in connection with our defense of a proceeding brought by you. “Psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual’s medical record. “Psychotherapy notes” does not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

OUR USES AND DISCLOSURES

We can use and share your health information with doctors, pharmacists, technicians and other health care workers who are providing treatment to you. We may share your health information about you for continuation of care.

Example:

- A doctor treating you for an injury may ask another doctor about your overall health condition.
- We may share your health information with a home health agency after you have been discharged from a hospital or nursing home so that they may treat you in your home.
- We may ask or share with other health care providers your medical information so that we can provide better care to you. We may be able to make this request through our electronic medical record.

Alternative treatments or health related benefits and services

We may also use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Example:

We may send you a letter if a new treatment is available that could help with your medical condition or if we have a new educational seminar to learn about your medical condition.

Appointment reminders We may use or disclose your health information to remind you of an upcoming medical appointment or to remind you that your prescription is ready for pick-up.

Example:

We may call you to remind you that you have a surgery scheduled, a physician’s office visit scheduled or that your medication at the pharmacy is ready for you to pick up.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example:

We give information about you to your health insurance plan so it will pay for your health care or services.

Run our organization

We can use and share your health information to run our business: Such as accounting, claims processing or to evaluate our workforce.

Example:

We may conduct a study of people who received treatment for a particular cancer to determine if our existing service is meeting community needs. You may also be contacted or sent a survey to get your comments on how well we served your needs.

OTHER USES AND DISCLOSURES

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- preventing disease
- helping with product recalls
- reporting adverse actions to medications
- preventing or reducing a serious threat to anyone’s health or safety

Do research

We may use or share your information for health research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects are reviewed and overseen by the Institutional Review Board (IRB). However, we may disclose health information about you, before approval of a project by the IRB, to researchers preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- We will share information with health oversight agencies for activities required by law such as reporting immunizations to the state agencies.
- We are required by state law to report suspicions of child or adult abuse to protective services.
- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we will disclose your health information to the correctional institution or law enforcement official.

- If you are a member of the United States Armed Forces, such as the Army, or a foreign military, we may have to share your health information with the military.

Organ and tissue donation requests

If you are an organ donor, we may share health information about you with organ procurement organizations.

Work with the medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers’ compensation

We share health information for workers’ compensation claims, as required by law or insurers, for work related injuries or illnesses.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

State law

In some cases, we may follow more stringent state laws. For example: a minor may seek treatment without parental consent for certain conditions; however, we may notify the parents or guardian after the treatment without the minor’s consent if permitted by law.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in this notice and give you a copy of it.
- We will only use your health information for purposes specifically allowed by federal and state laws or regulations unless you provide written authorization. If your health information is sought for a use that requires your written authorization, you will be told the reason for the request, who is asking for the information and what information is requested. There will also be an explanation of how you may cancel (revoke) your authorization. If we have already acted upon your authorization or consent, you may not be able to cancel it.

EXPRESSING CONCERNS OR COMPLAINTS

Please contact us if you have concerns, would like to file a complaint or have questions. We will never retaliate against anyone for filing a complaint or expressing concerns. We have people dedicated to each location who can assist you, or you may call our Trust Line at (800) 805-2283 or you may call our Privacy Line at (877) 471-2422. You may contact the Michigan Department of Licensing and Regulatory Affairs. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our practice locations and on our website.