SBC: Sunrise Elementary



General Consent: Signing this form allows Mountain Park to treat your child.

1. Consent to Treatment and Services:

I authorize the physicians and other health care professionals who care for my child at Mountain Park Health Center SBC to perform or order diagnostic procedures and to provide medical treatment as necessary in their professional judgment.

2. Privacy Practices:

Mountain Park complies with all Privacy Practices which are available for review in the clinic or on our website. The MPHC Notice of Privacy Practices, which contains a description of the uses and disclosures of my health information. I understand that MPHC has the right to change its Notice of Privacy Practices from time to time, and that I may contact MPHC at any time to obtain a current copy of the Notice of Privacy Practices.

Name:	Relationship	Phone	
Name:	Relationship	Phone	
Enter "No one" if you personal friends or ot	•	nformation to anyone (family members, other I	relatives, close
. Contact and Messa	ge Release:		
I understand that M	1PHC may contact me to confirm/cancel	an appointment, provide lab results, or ot	her reasons.
Please provide you	preferred method of contact.		
Db / N /			
		ment information/lab results, with person	i wno answe
Text Message**). Preferred number Mobile Number		
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	E-mail address		mation.
Any of the abov			
	ACKNOWLEDGEMENT A	AND AGREEMENT	
I certify that I red	eived a copy, have read, understand, an	d agree to the above, and that I am the pa	tient, or the
	presentative with the authority to sign d	•	cierre, or the
PRINTED NAME		PATIENT SIGNATURE	
DATE		PARENT/GUARDIAN	
WITNESS		PATIENT'S REPRESENTATIVE/Relation	nchin