MNO BMADZEWEN • HEALTH AND HUMAN SERVICES

Consent to Treatment Agreement

	NHBP Health and Human Services Deport he care of the patient for whom I	nd services which not for whom I am to partment and the ham the parent or less treatment, payment.	he parent or legal guardian. I permit the ealth professionals involved in my care
	both NHBP and for patients receiving Human Services staff to provide trans	tice and acknowled transportation serv portation. I release nce of their transports ies is a last resort a	e the NHBP health and Human Services ortation duties. I agree and understand after all other types of transportation
	Permitted Contact via Email and/of I permit communication with NHBP He set up appointments, send reminders, and/or events.	ealth and Human Se	ervices via email and/or text in order to n regarding healthcare appointments
	Notice of Privacy Practices (NPP) I acknowledge that I have reviewed the IHS Notice of Privacy Practices/HIPAA Privacy Rule, which describes the ways in which NHBP Health and Human Services may use and disclose health care information for its treatment, payment, healthcare operations, and other permitted uses and disclosures. I understand I can reference and use the contact information on the NPP to ask a question or report a complaint. Client Rights and Responsibilities I have received the Client Rights and Responsibilities notice and acknowledge and understand the expectations for both NHBP staff members and myself or the patient for whom I am the parent or legal guardian. Orientation to Services I have received the Orientation to Services form and acknowledge and understand the rules and regulations applicable to both myself and or the patient for whom I am the parent or legal guardian, and those applicable to NHBP Health and Human Services staff.		
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	Print patient name	Date of birth	Print name of parent/guardian
		//	
	Signature	Today's Date	
		//	
	NHBP Staff Signature	Today's Date	