



PO Box 22210 • Oakland, CA 94623
www.laclinica.org

PATIENT NAME _____	SEX: M F
MR# _____	DOB: _____
PRIMARY PROVIDER: _____	DATE: _____
SCHOOL: _____	

- TECHNICLINIC SAN LORENZO HIGH HEALTH CENTER
- TIGER CLINIC ROOSEVELT HEALTH CENTER HAWTHORNE CLINIC
- HAVENSCOURT HEALTH CENTER YOUTH HEART HEALTH CENTER
- FUENTE WELLNESS CENTER OTHER: _____

CONSENT FOR MINORS

Best number where we can reach you: _____ Home Phone Pager Cell Phone
 OK to send an appointment reminder by text message? Yes No At different number: _____
Standard Text Messaging Rates May Apply

By law in California I can receive certain services without consent from my parent or legal guardian. These services include:

- | | |
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| <ul style="list-style-type: none"> ❖ diagnosis and treatment of sexually-transmitted infections ❖ pregnancy testing and referrals ❖ prescriptions for birth control (e.g., condoms, the pill) | <ul style="list-style-type: none"> ❖ alcohol and drug abuse counseling or treatment ❖ mental health assessment and crisis intervention/counseling ❖ treatment for medical emergencies |
|--|--|

Our priority is to protect your health and safeguard your legal rights. Please read the following section carefully and sign below.

ABOUT CONFIDENTIALITY

I understand that information about my health and health care will be kept confidential. However, I understand that La Clínica staff may share or be required to share this information in the following situations:

1. Staff within La Clínica may share information about my health or health care with one another in order to best help me.
2. To bill health insurance programs (e.g., Medi-Cal or Family PACT).
3. Staff may share information about me or my health care with researchers or evaluators, but this information will not be attached to my name.
4. If they judge that I am at risk of hurting or killing myself, La Clínica staff must report this to the police and will probably tell my parent(s) or legal guardian.
5. If I have threatened to physically hurt or kill another person, they must report this to the police and to the person(s) involved.
6. If I share information about physical, sexual or emotional abuse or neglect, they must report this to Social Services and/or the police.
7. If I am under 16 and having sex with someone 21 or older; or if I am under 13 and having sex with someone 14 years or older, they must report this to CPS and/or the police.
8. If I come to La Clínica drunk, high or otherwise under the influence and the staff think I am at risk of hurting myself or someone else, they might call my parent or guardian to help make sure I'm safe.
9. If I bring weapons or other dangerous objects into La Clínica.
10. If I sign a consent to release this information to another health care provider.
11. If a judge requires La Clínica to share this information with the courts.
12. La Clínica staff may confirm with my teacher that I was in La Clínica to clear my absence, but not why I was there.
13. If I test positive for certain sexually-transmitted infections, I understand that La Clínica will need to report this information to the County Health Department, and that the County MAY attempt to contact me.

By signing below, I acknowledge that I:

- have read and understand the information described above, including the conditions about confidentiality.
- agree to fill out a Client Survey that asks some personal questions about me.
- verify that I have received a copy of La Clínica's Notice of Privacy Practices.
- have received a copy of this consent form.
- verify that I have received a copy of La Clínica's Patient Rights & Responsibilities.

SIGNATURE

DATE

- TECHNICAL CLINIC SAN LORENZO HIGH HEALTH CENTER
 TIGER CLINIC ROOSEVELT HEALTH CENTER HAWTHORNE CLINIC
 HAVENSCOURT HEALTH CENTER YOUTH HEART HEALTH CENTER
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PATIENT NAME _____ SEX: M F
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未成年人同意書

我們可以聯繫您的最好的號碼: _____ 住宅電話 尋呼機 手機
通過短信發送預約提醒可以嗎? 可以 不可以 在不同的號碼: _____
標準短信費率可能適用

根據加州法律我可以不用來自我的父母或法定監護人的同意就收到某些服務。這些服務包括:

- ❖ 性傳播感染的診斷和治療
- ❖ 妊娠檢驗和推薦
- ❖ 節育處方(例如 避孕套、避孕藥)
- ❖ 酗酒和濫藥諮詢或治療
- ❖ 精神健康評估和危機干預/諮詢
- ❖ 醫療應急治療

我們的優先是保護您的健康和維護您的法定權利。請仔細閱讀以下內容並在下面簽名。

關於保密

我理解關於我的健康和健康護理的資訊將保密。但是,我理解La Clínica員工在以下情況可能分享或被要求分享此資訊:

1. La Clínica內的員工可能彼此分享關於我的健康或健康護理的資訊以最好地幫助我。
2. 為健康保險計畫(例如加州白卡或家庭計畫)開帳單。
3. 員工可以與研究者或評估者分享關於我或我的健康護理的資訊,但是此資訊將不附到我的姓名。
4. 如果他們判斷我有傷害我自己或自殺的風險,La Clínica員工必須將此報告給警方並且將可能告訴我的父母或法定監護人。
5. 如果我威脅要身體傷害或殺死另一個人,他們必須將此報告給警方和涉及的人。
6. 如果我分享關於身體、性或精神虐待或忽視的資訊,他們必須將此報告給社會服務和/或警方。
7. 如果我不滿16歲並且與21歲或以上的人發生性關係;或者如果我不滿13歲並且與14歲或以上的人發生性關係,他們必須將此報告給CPS和/或警方。
8. 如果我在喝醉、高或其他在影響下的狀態下來到La Clínica,並且員工認為我有傷害我自己或其他人的風險,他們可以致電我的父母或監護人以幫助確定我是安全的。
9. 如果我攜帶武器或其他危險物品進入La Clínica。
10. 如果我簽署同意書將此資訊透露給另一個健康護理提供者。
11. 如果法官要求La Clínica將此資訊與法院分享。
12. La Clínica員工可以與我的老師確認我在La Clínica以清除我的缺席,但是不是為什麼我在那裡。
13. 如果我的某些性傳播感染檢驗是陽性,我理解La Clínica將需要將此報告給郡衛生部門,並且郡可能嘗試聯繫我。

通過在下面簽名,我承認我:

- 閱讀和理解了上面所述的資訊,包括關於保密的條件。
- 同意填寫問一些關於我的個人問題的《客戶調查》。
- 驗證我收到了一份La Clínica的《隱私做法通知》。
- 收到了一份本《同意書》。
- 驗證我收到了一份La Clínica的《患者權利和責任》。

簽名

日期