

INTERFAITH HOUSE
HEALTH SERVICES COLLABORATIVE PARTNERS
Heartland Health Outreach, PCC Wellness Center & Rush College of Nursing

**Consent for Treatment and Record Review &
Acknowledgement of Privacy Policy**

The Interfaith House Health Services Collaborative is dedicated to making sure that all residents of Interfaith House have the opportunity to access medical care by:

- Providing a primary care physician or nurse practitioner and offering preventive health services
- Helping residents get medicines
- Arranging follow-up care after leaving Interfaith House

To do this, we need your permission to provide you with medical treatment and to let us share information with the other people involved in your care. Please read the following statement and sign this form if you consent.

Consent & Acknowledgement

I agree to receive medical treatment from the Interfaith House Collaborative Health Partners. I consent to:

- Let clinic providers (doctors and nurse practitioners) look at all my Interfaith House records.
- Let Interfaith House non-medical staff review my clinic records.
- Let the clinic send my medical records to the medical provider I follow up with when I leave Interfaith House.
- Let the clinic release my information to insurers for billing purposes.
- Let the provider I follow up with share information about my medical status with the clinic.
- Have my records reviewed by the Chicago Department of Public Health, which helps to fund the clinic.

I have received the Health Services Collaborative Notice of Privacy Practices, which explains my rights to see and copy my records, decide who can receive any of my health information, and request that information in my chart be changed. I understand that I can change my mind about who gets to see my health information, although this will not affect health information that has already been shared with my consent. If I change my mind, I must let the Collaborative Health Partners know in writing.

Name of patient (printed) Signature Date

Name of Witness (printed) Signature Date