



Oasis Consent Form

Thank you for choosing Oasis Center of the Rogue Valley to serve you. Our goal is to provide excellent healthcare so that you and your family receive the care you need, when you need it.

Authorization for Medical Treatment

I authorize the medical staff of Oasis Center of the Rogue Valley to administer treatment to _____
Patient Name

as they deem necessary for the patient's benefit. I also authorize the use of anesthetics and/or medications. I understand that I have the right to opt-out of any medical testing or treatment. I also understand that I may obtain further information regarding the health services offered by Oasis Center of the Rogue Valley. I acknowledge that no guarantee or assurance has been made relative to the results that may be obtained.

Authorization of Payment

I acknowledge that I have received a copy of the Oasis Center of the Rogue Valley Financial Policy and that a copy is available to me at any time upon request. Per this policy, I authorize the direct payment of all insurance benefits payable for service(s) I receive at the Oasis Center of the Rogue Valley to be paid directly to the Oasis Center of the Rogue Valley. I also authorize release of any medical records necessary to facilitate my treatment to process claims and as otherwise permitted or required in the Notice of Privacy Practices. I understand that in the event my insurance company or financially responsible party does not pay for the services I receive, I will be financially responsible for payment.

Notices of Privacy Practices

I acknowledge that I have received a copy of Oasis Center of the Rogue Valley Notice of Privacy Practices and that a copy of this document is available to me at any time upon request. I have read and understand the Privacy Practices including how the Oasis Center may disclose health information and patient rights regarding health information.

Printed Patient Name

DOB

Patient Signature

Date

Witness

If patient is a minor:

Parent or Guardian Signature

Date

Witness