



NKN STUDENT HEALTH & WELLNESS CENTER

24705 US-101, Rockaway Beach, OR 97136 | Mailing Address: PO Box 176, Wheeler, OR 97147
Telephone: 503-355-3500 | Fax: 844-720-1901

Rinehart Clinic is the medical sponsor for NKN Student Health & Wellness Center and operates according to the guidelines set forth by Oregon Law (Oregon Revised Statutes: 109.610, 109.640, 109.675, 109.680). All services will be provided by the Rinehart Clinic health care team.

Please note: Only fill out this form if you choose for your student NOT to receive any services or be treated at NKN Student Health & Wellness Center.

Today's date: _____

OPT OUT FORM

SCHOOL YEAR 2022-2023

Patient/Student Name: _____ Grade: _____ Birthdate: _____

Address: _____ Phone number: _____

I understand the following services are offered through the Neah-Kah-Nie Student Health & Wellness Center:

- Regular check-ups
- Sports physicals
- Care for illness and injury
- Immunizations
- Mental health, including counseling
- Age-appropriate reproductive health
- Routine lab tests
- Prescription medications
- Vision, dental, and blood-pressure screenings
- Health education, counseling, and wellness promotion
- Referrals for services like x-rays, MRIs, and specialty care

I do not wish for my student to receive ANY services or be treated at NKN Student Health & Wellness Center during the 2022-2023 School Year.

Signature of Parent or Guardian

Parent or Guardian (Please Print)

Relationship to Patient

Date

OPT-OUT CONFIRMATION: NKN Student Health & Wellness Center will send the parent/guardian a letter within two weeks after we receive your student's opt-out form confirming their opt-out status.

PLEASE NOTE: If at any time during the school year you wish to rescind this form and allow your student to receive services at NKN Student Health & Wellness Center, you can do so by checking the box and signing below.

I wish to rescind this Opt Out form and allow my student to receive services at NKN Student Health & Wellness Center.

Signature of Parent or Guardian

Parent or Guardian (Please Print)

Relationship to Patient

Date

RETURNING YOUR FORM: Please turn in your completed form to the main office at your school and they will forward to NKN Student Health & Wellness Center or mail to Rinehart Clinic, PO Box 176, Wheeler, OR 97147