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Received by: _____
Entered by: _____

Nehalem Bay Health Center follows Oregon law (ORS 109.640, 109.675) which permits minors age 15 and older to consent to medical and dental care, and minors 14 and older to consent to outpatient mental health or substance use treatment without a parent or guardian. Minors at any age may sign their own consent to access reproductive health services. While we encourage parental involvement and may notify parents when clinically appropriate (ORS 109.650, 109.680), we also ensure that student health records remain confidential and are only shared with school staff as permitted by law or with specific written authorization.

CONSENT TO TREAT - STUDENT

I understand that:

- No patient will be turned away if unable to pay for the services provided.
- Each patient or their appropriate patient representative has the right to refuse consent for treatment.
- Unless there are emergency circumstances, no substantial procedure will be performed unless there is a discussion of the treatment with the health care team and the patient or patient representative.
- Patients at any age may sign their own consent to access reproductive health services. Patients age 14 and older may sign their own consent to access mental health or treatment for chemical dependency. Patients age 15 and older may sign their own consent for medical treatment.
- Patients under 15 years of age need a parent or guardian’s signature for all health care services, except as noted above.
- By the patient or parent/guardian signing below, I am consenting to health care and treatments for the patient as may be deemed necessary, advisable, and ordered by the healthcare provider (s) at NKN Student Health & Wellness Center.

Signature of Patient (or Parent/Guardian)	Printed Name	Date

INSURANCE AND PAYMENT

- I understand as a student, I am not responsible for any out-of-pocket expenses.
- I understand that if I have insurance, I am responsible for the terms and conditions of my individual insurance plan.
- I authorize my insurance benefits be paid directly to Nehalem Bay Health Center.
- I authorize Nehalem Bay Health Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.
- I understand that Nehalem Bay Health Center has a sliding fee scale that may provide a discount based on household income.
- I understand that Nehalem Bay Health Center’s Enrollment Navigators can help me to determine my eligibility for state insurance plans or other financial assistance. I will ask for financial assistance if necessary.

Signature of Responsible Party	Printed Name	Date