

Polara Health

Guiding your way to wellness since 1966

Windhaven Psychiatric Hospital, West Yavapai Primary Care
HIM Dept. 642 Dameron Dr. Prescott, AZ 86301
Phone: (928) 445-5211 ext. 4007 Fax: (928) 717-1204

GENERAL CONSENT

Client/Patient: _____

I authorize Polara Health to provide evaluation and treatment services.

I agree to participate in my treatment planning process to the best of my ability and will let my provider know if situations occur that prevent me from participating in treatment.

I understand that this consent will remain valid so long as I am enrolled in services with Polara Health or until I withdraw consent.

Polara Health may use and disclose information about me and my health for the purposes of diagnosing and treating me, for obtaining payment for my care and for conducting health care operations. There are regulations that control how Polara Health may use this information about me and my health. Polara Health abides by these regulations. These regulations are explained in more detail in the "Notice of Privacy Practices." I have the right to review the "Notice of Privacy Practices" prior to signing this document. I understand that by signing this consent form, *I am giving permission to all members of my clinical treatment team and my health insurance plan(s) which may include AHCCCS, Health Choice Integrated Care and/or Medicare to access my information and records.*

I understand that all of the information gathered in the course of my treatment is confidential. However, confidential information may be disclosed without my consent in accordance with state and federal law.

Member Name (Print)

Member Signature

Date

Parent/Legal Guardian

Date

Staff Member (Witness)

Date