Business Phone: (512) 648-1127
Confidential Fax: (888) 491-2194
Confidential Phone: (800) 825-8205

Health Network General Consent /Konsantman Jeneral pou Health Network a

Name of patient / Non pasyan an _____

Date of birth / Dat nesans _____ **MM/DD/YYYY** DD/MM/AA

Migrant Clinicians Network is a non-profit organization that helps with continuity of care through the Health Network program at no cost to me (or my child). However, MCN cannot guarantee access to all healthcare providers or the quality of care. Providers are independent and not MCN employees. MCN does not provide or oversee treatment or outcomes.

I consent to MCN using my (or my child's) health and personal information solely for medical treatment, healthcare operations, or as authorized by me. I agree to inform future providers of my (or my child's) MCN enrollment to facilitate record transfers and consent to MCN maintaining sensitive health information.

I authorize MCN and my (or my child's) providers to access these records for treatment.

MCN may contact me about follow-ups and referrals while adhering to confidentiality laws. **This consent is valid for 24 months or until I opt out**. I can request to leave the Health Network program or limit its scope at any time and receive a copy of my (or my child's) records upon request.

I release MCN and its affiliates from any claims or liabilities related to my (or my child's) Health Network enrollment

Migrant Clinicians Network se yon òganizasyon san bi likratif ki ede kontinite pran swen atravè pwogram Health Network a gratis pou mwen (oswa pou pitit mwen). Sepandan, MCN pa ka garanti aksè ak tout pwofesyonèl swen sante yo oswa kalite swen an. Pwofesyonèl swen sante yo endepandan epi yo pa anplwaye MCN. MCN pa bay oswa sipèvize tretman oswa rezilta yo.

Mwen dakò pou MCN sèvi ak enfòmasyon sante mwen (oswa pitit mwen) ak enfòmasyon pèsonèl mwen sèlman pou tretman medikal, operasyon swen sante, oswa jan mwen otorize l. Mwen dakò pou m enfòme fiti founisè swen sante m yo sou enskripsyon m (oswa timoun mwen) nan MCN pou fasilite transfè dosye yo ak konsantman pou MCN kenbe enfòmasyon medikal sansib yo.

Mwen otorize MCN ak Founisè swen sante m (oswa timoun mwen) gen aksè ak dosye sa a yo pou tretman.

MCN gendwa kontakte m konsènan suivi ak referans pandan y ap respekte lwa konfidansyalite yo. **Konsantman sa a valid pou 24 mwa oswa jiskaske mwen chwazi soti**. Mwen ka fè demann pou m kite pwogram Health Network a oswa limite pòte l nan nenpòt ki moman epi resevwa yon kopi dosye mwen (oswa timoun mwen) sou demann.

Mwen libere MCN ak tout sosyete ki afilye avè l yo pou tout reklamasyon oswa responsabilite ki gen rapò ak enskripsyon m (oswa timoun mwen) nan Health Network a.

Signature of the patient or legal representative / Siyati pasyan an reprezantan legal la _____

Date of Signature / Dat siyati an _____

Phone number / Nimewo telefòn _____

Signature of Witness / Siyati Temwen an _____

Date of Signature/ Dat siyati an _____

A contact person whom Health Network can communicate with who will always know the patient's location.
Kontak yon moun Health Network ka kontakte ki ap toujou konnen kote pasyan an ye.

Name of contact / Non Kontak la _____

Phone # /Nimewo telefòn _____

e-mail / imèl _____

Name of contact / Non Kontak la _____

Phone # / Nimewo telefòn _____

e-mail / imèl _____

For the health care provider / Pou founisè swen sante

Gender _____

Farmworker ◯ Yes ◯ No

Traveling to _____ **City, State**

Language: English ◯ Spanish ◯ Haitian Creole ◯ Other _____

Country of Origin: _____ **Current Location:** _____

Medical reason for requesting continuity of care support from Health Network:

TB ◯ **Perinatal Care** ◯ **Cancer** ◯ **Diabetes** ◯ **HIV/Aids** ◯ **General Health** ◯ **Pediatrics** ◯

Reason : _____

Please attach all medical records (screening results, hospital records , Clinical Notes, etc) to this consent.