## **Consent for Medical, Behavioral Health, & Dental Treatment**

I have given consent to Salud Family Health (Salud) to provide medical, behavioral health, and dental services to me and any dependents I have listed on the patient registration form. I understand that this authorization applies to all routine health care services and to all services available for urgent and/or chronic medical, behavioral, and dental conditions. I recognize that no guarantees have been made to me as a result of treatment through Salud.

The services authorized by this consent include those provided under Salud by, but not limited to: medical staff including physicians, clinical pharmacists, nurse health practitioners, physician assistants, nurses, educators, medical technologists, and medical assistants; dental staff including dentists, dental hygienists, and dental assistants; and behavioral health staff including licensed psychologists, social workers, counselors, and registered psychotherapists. I also consent to treatment by health professionals in-training, which are under the supervision of responsible health professionals employed by Salud. I understand that I may be seen by a clinical training student/resident/fellow who is at all times supervised by either a licensed provider or by their appropriate preceptor for their specific discipline. All decisions about treatment plans are made by a licensed provider.

All children under the age of 18 must be accompanied by a parent or a legal guardian when visiting Salud for the first time and once per year thereafter. We understand that parents or legal guardians may not always be available to bring their children in and may wish to authorize a child to attend a visit alone or with another adult. Salud allows children age 13 and older to attend visits alone. The parent or legal guardian may authorize this in advance of the visit by completing an authorization form.

Adults who are not able to make their own health care decisions and have a guardian or Power of Attorney (POA), may have their guardian/POA sign consent for treatment for them. Salud recommends that adults who are not able to make their own healthcare decisions be accompanied by their guardian/POA at all times while at the clinic.

During one of your visits, a medical or dental provider may recommend local and/or topical anesthesia to numb an area so nerves don't cause pain. Though risks are small, possible side effects for giving local and/or topical anesthesia may include but are not limited to: allergic reaction, longer period of, nerve injury, swelling or bleeding at spot where anesthesia was given, infection, nausea, vomiting and rapid or irregular heartbeat. If you refuse anesthesia, your provider has the right to either refuse treatment or refer treatment out.

If you receive a prescription for a controlled substance (narcotic drug) from our office and fill that prescription at a pharmacy in Colorado, certain identifying prescription information, including your name, will be entered into a secure database maintained by Colorado's Prescription Drug Monitoring Program.

I consent and authorize Salud Family Health and its related entities, agents, contractors, including but not limited to scheduling, billing, and other departments to use automated telephone dialing systems, SMS text messaging, and electronic mail to (1) provide messages (including prerecorded messages or text messages) to me about my account, payment due dates, missed payments, information for or related to medical goods and/or services provided, exchange information, changes to health care law, health care coverage, care follow-up, and other healthcare information or (2) provide messages (including pre-recorded messages) during a call or via text message that delivers a 'health care' message made by, or on behalf of, a 'covered entity' or its 'business associate' as those terms are defined in the HIPAA Privacy Rule, 45 CFR 160.103. I understand that I may opt out by contacting Salud Family Health staff.

I am aware that not all persons permitted in patient care areas are authorized staff but may be present to perform designated operational functions during my visit.

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## **CONSENT FOR TREATMENT**