

Anchorage School Based Health Centers

c/o Christian Health Associates, 1825 Academy Dr., Anchorage AK 99507

Clark Clinic: 907-742-7782 Begich Healthy Spot Clinic: 907-742-0535

Consent for Treatment and Receipt of HIPAA Privacy Practices

This form allows your student to receive medical services through Anchorage School Based Health Centers while s/he is a student at Begich Middle School or Clark Middle School. Services are provided by licensed healthcare providers (such as Physicians and Advanced Nurse Practitioners). Students may be seen by either a volunteer or a paid provider, depending on the schedule. *If the student is seen by a volunteer provider, both the student and their parent/guardian should understand that their legal rights with regard to damages or injuries may be limited under Alaska law.*

- A Parent/Guardian may always revoke consent by notifying ASBHC in writing.
- Services provided through ASBHC are NOT related to the school nursing services. All students receive school nursing services.

Primary Medical Provider/"Medical Home" (if any):

Initial Here

I give consent for my child to receive a comprehensive physical from Anchorage School Based Health Centers.

Initial Here

I give consent for my child to receive acute care services for medical diagnosis of minor illness or injury from Anchorage School Based Health Centers.

Cell Phone Number:

Please contact me *prior* to my child receiving acute care services:

Initial Here

I have received a copy of Anchorage School Based Health Centers HIPAA Notice of Privacy Practices.

Student Name:	Date of Birth:	
Student Signature:	Date:	
Parent/Guardian Name:	Phone:	
Parent/Guardian Signature:	Date:	