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## **Douglas County Health Department**

## **Consent for Treatment/Services:**

The following licensed or certified professionals may be involved in your care at Douglas County Health Department (DCHD), as appropriate: APRN, CMA, CHW, Dental Assistant, DMD, LCPC, LCSW, RDH, and RN.

By signing below, I (client or parent/legal guardian) consent to medical, dental, behavioral health, and social services care provided by qualified DCHD staff. I confirm the information I've provided is accurate to the best of my knowledge.

I authorize the release of relevant school records to DCHD staff and the sharing of medical records with the client's school and healthcare providers as needed for treatment and continuity of care. This may include immunization records, schedules, contact info, health data, medications, or attendance, and may involve participation in student support teams.

I understand that under HIPAA, DCHD may use or share my or my child's health information for treatment, payment, operations, quality improvement, accreditation, education, or as required by law.

This consent is valid for one year unless revoked in writing. A copy is as valid as the original.