



# BEAUFORT COUNTY HEALTH DEPARTMENT

## Employee Health

### **Consent for Services:**

I voluntarily consent to medical examinations, treatments and tests which are deemed necessary or recommended by the consulting physician or other health care provider at the health department in the Employee Health Clinic.

I understand that:

- Visits to the Beaufort County Health Department Employee Health Clinic are not for work related injuries.
- Approved visits to the Employee Health clinic are not deducted from my county leave balance.
- Insurance co-pays for the visits will be paid by Beaufort County
- I am responsible for any charges beyond the copay that is not covered by my insurance.
- I may be eligible for a sliding fee scale (SFS) discount based on my total household income (will be required to provide proof of income for SFS eligibility).
- My medical information will not be released to my employer without a medical record release signature retained
- My medical information is private and is protected by state and federal confidentiality laws; NCGS § 130A-143. Staff will not share this information unless
  - I tell the staff in writing that they can share it
  - It is an abnormal test result that needs to be shared with a healthcare provider at another clinic or agency to provide my follow-up care (continuity of care)
  - It is required by law
- No guarantees or warranties have been made to me concerning the results of the examination, treatments, or procedures
- If any problems are identified, recommendations will be made to me concerning appropriate follow-up and it is my responsibility to follow through with these recommendations. If my exam or lab work shows any problems, staff may send me to another clinic for help, if needed
- I will notify the Health Department of any changes in my address and/or telephone number so that I may be contacted promptly if necessary
- Information is shared for treatment, payment or health care operations as explained in the Notice of Privacy Practices
  - An example of sharing for treatment is communicating with other clinics you go to about your care
  - An example of sharing for payment is billing your Medicaid or health insurance plan for services
  - An example of sharing for health care operations is medical records reviews by state auditors

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Employee Health Attestation:**

I attest that:

- I am a current, fulltime employee with Beaufort County.
- This visit is not related to an on-the-job incident or worker’s compensation claim.
- My supervisor or appropriate department designee is aware that I am away from my assigned workspace for a visit to the Employee Health clinic.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date