



ID# (office use only) _____

ADULT

Welcome to Payson Christian Clinic. We are glad you are here. It is our hope that you will experience physical and spiritual healing as a result of your time with us. We are a group of Christian health care workers from a number of different churches who would like to be able to care for those in need in the name of Jesus Christ.

Payson Christian Clinic provides acute care for common medical illnesses. In the event that you present to the clinic with an illness beyond the scope of the clinic, you will be assisted in obtaining care elsewhere at your own expense. The clinic does not have staff to take phone calls after clinic hours. If you experience medical problems between appointments at the clinic, you should seek medical attention at the nearest emergency department.

If you have insurance or AHCCCS, please keep going to the doctor or clinic you have now.

Payson Christian Clinic is a teaching site for many health professional programs. Our students actively do research to complete their degrees. We may use or disclose for research purposes, health information without any personal information. Additionally, as a part of our various healthcare projects, Payson Christian Clinic may take photographs during your visit. These photos will not personally identify you. By signing this consent, you are giving permission to Payson Christian Clinic to make use of photos and health information taken for research, education or other projects.

CONSENT FOR TREATMENT

ID# (Office use)_____

I, _____, give my consent to receive necessary services
PLEASE PRINT through Payson Christian Clinic.

Sign:

Date:

Address: _____ **City, State, Zip:** _____

Phone #: _____ **Email:** _____ **Date of Birth:** _____

- I hereby authorize Payson Christian Clinic to use Telemedicine in my care for diagnosis and treatments. I understand that the laws that protect patient privacy are applied Payson Christian Clinic to use Telemedicine in my care for diagnosis and treatments. I understand that the laws that protect patient privacy are applied.

_____ PLEASE INITIAL

- I have reviewed the Patient Rights and Responsibilities . _____ PLEASE INITIAL



Payson Christian Clinic Phone Authorization

I hereby authorize you to leave phone messages at:

My home phone: Yes _____ No _____ Number: _____

My cell phone: Yes _____ No _____ Number: _____

I hereby authorize you to leave a message with:

1. _____ Number: _____

2. _____ Number: _____

3. _____ Number: _____

Print name: _____

Patient Signature: _____

Date: _____

Update: _____