



Health Care Integrated Services
APPLICATION FOR SERVICE

PRINT ALL OF THE FOLLOWING INFORMATION COMPLETELY

Last Name: _____	First Name: _____	Middle Initial: _____
Race: _____	Gender: _____	State of Birth: _____
County of Birth (If CA): _____	Date of Birth: _____	Age: _____
Social Security Number: _____	CDL/CID Number: _____	/State: _____
Health Insurance Company: _____	Benefit Number: _____	
Home Address: _____	Apt: _____	Home Phone: _____
City/State: _____	Zip: _____	Work Phone: _____
Highest Grade Completed: _____	If Student, Name of School: _____	
Allergies/Disabilities: _____	Parent's Name: _____	

Health Care Integrated Services is my provider of choice.

I understand if I am 12 years or older, I can consent to certain confidential medical services. I authorize the release of any information necessary to assist the Agency in processing and in resolving any issues or claims that may arise. I also request payment of medical benefits to Health Care Integrated Services.

I hereby consent to all medical and other services provided by HCIS and I release the Agency from any bodily injury or liability resulting from these services.

Client declines any third party contact regarding HCIS treatment services.

I, _____ hereby request services. Date: _____
(Signature of Patient)

Signature of HCIS Staff: _____

Section below for patients 12 and Over	Minor Consent
Name of local friend or relative: _____	In case of emergency Home/Cell Phone: _____
Relationship to patient: _____	Work Phone: _____

A copy of this release is as valid as the original

By law, parental consent is not required for the conduct of mandated screenings, the application of first aid treatment, prenatal care, services related to sexual behavior and pregnancy prevention and the provision of services where the health of the student

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appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices. HIPPA

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