

Sherilyn K. Clark, RN, MPH
Chief Executive Officer
sclark@mohigh.org

Central Office
PO Box 157
110 S. 2nd Street
Ellington, MO 63638
Ph: (573) 663-2313
Fax: (573) 663-2441
www.mohigh.org



“Caring People...Quality Care”

Consent to Treatment

I hereby grant permission for Missouri Highlands Health Care to perform those procedures and treatments necessary for complete care of myself or a minor child for whom I am legally responsible.

Authorization and Release

I authorize Missouri Highlands Health Care to release any information, including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such medical care, to third party payers and /or health practitioners. I authorize and request my insurance company to pay directly to Missouri Highlands Health Care any insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. If my account balance is sent to an outside agency for collection, I am responsible for collection fees that must be paid to said agency. I authorize the doctor/dentist/nurse practitioner/behavioral health specialist to perform any treatment, medication administration and therapy that may be indicated in connection with my care or the care of my child. I understand that previous to treatment, full explanation of the procedure(s) involved will be given by staff.

Patient's Name (please print) _____

Patient's Date of Birth _____ **Social Security #** _____

Signature _____

Relationship to Patient _____ **Date** _____

Witness _____

(MHHC Employee/Representative)

Photographic Consent

I consent that photographs of me or my child may be taken by a member of Missouri Highlands Health Care. The photograph(s) will be used for medical records and to assist in the prevention of Identity Theft. All photographs are strictly confidential and the identity of the patient will not be revealed to anyone outside of Missouri Highlands Health Care.

Signature _____

Relationship to Patient _____ **Date** _____

5/2010, Rev. 3

Big Springs Medical Clinic
Ph: (573) 323-4253

Ellington Family Clinic
Ph: (573) 663-2525

Shannon County Family Clinic
Ph: (573) 226-5505

Annapolis Family Clinic
Ph: (573) 598-4213

Iron County Medical Clinic
Ph: (573) 546-0602

Big Springs Dental Clinic
Ph: (573) 663-3177

Viburnum Medical Clinic
Ph: (573) 244-5406

Valley Springs Medical Clinic
Ph: (573) 269-1035

Big Springs Behavioral Health
Ph: (573) 663-2977

Poplar Bluff Community Dental Clinic
Ph: (573) 778-3042

Missouri Highlands Medical Clinic
Ph: (573) 785-6536

Wayne County Medical Clinic
Ph: (573) 224-3660

Naylor Medical Clinic
Ph: (573) 399-2311

MoHigh Family Care Clinic
Ph: (573) 785-7453

Patient Assistance Program
Ph: (573) 785-7453