

Notice of Referral Rights Acknowledgement

This notice describes your referral rights when your Health Care Provider refers you to another provider or facility for additional testing or health care services.

In accordance with Oregon Law, when you are referred for care outside of our clinic, the Salem Pediatric Clinic is required to notify you that you may have the test or service done at a facility other than the one recommended by your physician or health care provider.

OREGON LAW SAYS (ORS 441.098)

- A referral for a diagnostic test or health care treatment or service will be based on the patient's clinical needs and personal health choices.
- The patient has a choice and when referred to a facility for a diagnostic test or health care treatment or service the patient may receive the test or treatment service at a facility other than the one recommended by the health care practitioner.
- If the patient chooses to have the diagnostic test, health care treatment or service at a facility different from the one recommended by a practitioner, the patient is responsible for determining the extent of coverage or the limitation on coverage for the diagnostic test, health care treatment or service at the facility chosen by the patient.
- A health care practitioner will not deny, limit or withdraw a referral solely because the patient chooses to have the diagnostic test or health care treatment or service at a facility other than the one recommended by the health practitioner.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND MY REFERRAL RIGHTS AS OUTLINED ABOVE.

Patient Name _____

Patient date of birth _____

Parent Signature _____

Date _____

Print Parent Name _____

Relationship to patient _____

Patient Representative Signature _____

Date _____

Print Patient Representative Name _____

Relationship to patient _____



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