

**Please read this form carefully. Ask us if you have questions.**

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### **About This Visit**

- **KVVH will not bill your insurance.**  
You are choosing to pay out-of-pocket today using KVVH's discounted, Medicare-allowable pricing.
- **You understand this is your choice.**  
With a provider's order and medical diagnosis, many of these tests might be covered by your insurance plan. You are choosing not to pursue that route today.
- **KVVH will not submit a claim for you.**  
If you later wish to try and get reimbursed, KVVH can provide you with a blank insurance claim form, but you must complete and submit it yourself.
- **You choose which tests you want.**  
All tests are optional. You may decline any test.
- **You are not being diagnosed or treated today.**  
These are screening tests only. No doctor or provider is diagnosing you or giving medical advice as part of this visit.

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### **Your Test Results**

- All test results will be placed in your Klickitat Valley Health (KVVH) electronic medical record.
- Test results will not be printed or mailed. Instead, they will be available only through our secure patient portal: **MyHealth**.
- To view your results, you must create or log into your MyHealth account at:  
<https://kvhealthportal.meditech.cloud/>
- **If your test results show a critical or urgent issue**, KVVH staff will attempt to contact you by phone within **72 hours**.
- **KVVH will make one phone call attempt** using the number you provide on this form.
- It is important that you provide a **working phone number** and answer if KVVH calls.
- You are still encouraged to share your results with your medical provider and ask for follow-up care as needed.

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### **Limitations and Risks**

- **Screenings do not find every health problem.**  
A normal result does not guarantee you are healthy, and an abnormal result does not always mean you are sick.
- **You should not ignore symptoms.**  
If you feel unwell or notice changes in your health, call your doctor or go to the ER, even if your test results look normal.
- **These tests do not replace medical care.**  
This screening is not a substitute for regular checkups, full lab work, or diagnostic imaging ordered by your provider.

*PLACE STICKER HERE*



## Wellness Days - Patient Consent and Acknowledgment

### Privacy and Access

- Only KVVH staff, providers and approved volunteers will see your results.
  - Your results will *not* be shared outside of KVVH. Your results will be available to your KVVH providers. It is your responsibility to share your results with providers outside of KVVH.
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### Waiver and Consent

By signing below, I confirm that:

- I am choosing not to use insurance, and I am paying out-of-pocket at a discounted rate.
  - I understand that with a provider's order and diagnosis, some of these tests might be covered by insurance.
  - I understand that KVVH will not bill my insurance or complete any insurance paperwork on my behalf.
  - If I want to try and get reimbursed, KVVH can give me a blank insurance form, but I must complete and submit it myself.
  - I understand that KVVH is not diagnosing, treating, or giving medical advice during this visit.
  - I am responsible for sharing results with my provider and for any follow-up care.
  - I understand that KVVH may attempt to call me only if something urgent is found, and I must provide a valid phone number.
  - I understand the limitations of screening tests and the importance of seeking medical advice.
  - I release Klickitat Valley Health, staff, volunteers, and any participating organizations from legal responsibility for harm resulting from these screenings.
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**Printed Name:** \_\_\_\_\_

**Patient's Agent/Representative** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Best Phone Number:** \_\_\_\_\_

PLACE STICKER HERE