Rusk County Reproductive Health Services
311 Miner Ave. E. Suite C220
Ladysmith, WI 54848 (715)532-2299

Consent for Care

Equal Opportunity Program: If you believe you have been discriminated against because of age, race, color, handicap, sex, creed, national origin, ancestry, sexual orientation, arrest or conviction record, marital status, or religion, write immediately to this office. If you are not satisfied, or if you do not get a response in approximately 30 days, write to DHHS, Affirmative Action/Civil Rights Compliance Office, PO Box 7850, Madison, WI 53707.

Financial Agreement: I agree to reimburse Rusk County Reproductive Health Services (RCRHS) for services on the basis of my financial ability, in a timely manner, using the fee scale to determine an equitable amount. I will inform RCRHS of any changes in my financial status which may affect my ability to reimburse RCRHS.

☐ I give my permission to bill WI Medicaid. I authorize release of information about this claim to Wisconsin Medicaid.

Liability Disclaimer: RCRHS is not responsible for the actions of individuals not directly employed by RCRHS, nor the effects, side effects, or complications of any contraceptive method.

Package Inserts: I understand that it is my responsibility to read all information, including package inserts and/or medication fact sheets given to me by RCRHS.

Laboratory Testing: I authorize RCRHS to perform laboratory testing and/or provide treatment and/or a method of contraception to me. I understand RCRHS is required by law to report communicable diseases to the state of WI.

HIPPA: I have received information from Rusk County Reproductive Health Services on the confidentiality of my medical records under the federal privacy law (HIPPA).

Consent for Care: My signature below indicates that I have read the above, understand it, had the opportunity to ask questions and have them answered. I agree and consent to the above and to the services provided by RCRHS.

Signature of Client: _____Date:_____

Staff Signature: _____Date:_____