

# PATIENT REGISTRATION FORM

Connection  
West Salem Clinic  
West Salem Dental Clinic  
Total Health Community Clinic



Date	Acct. No.	Chart No.
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## PATIENT INFORMATION

Last Name		First name		Middle Initial	Social Security		Date of Birth	
Gender at Birth	Gender Identity			Preferred Pronoun		Marital Status		
	<input type="checkbox"/> Male	<input type="checkbox"/> Female to Male	<input type="checkbox"/> Gender Queer					
	<input type="checkbox"/> Female	<input type="checkbox"/> Male to Female	<input type="checkbox"/> Other					
			<input type="checkbox"/> Declined					
Street Address				City		State		Zip Code
Mailing Address (If different from above)				City		State		Zip Code
Home Phone Number		Cell Phone Number		Emergency Contact			Emergency Contact Phone Number	
Responsible Party (If Different from Patient)		Social Security		Date of Birth		Relationship to Patient		Phone Number
Employer Name						Work Phone Number		
Work Address				City		State		Zip Code
Are you currently serving in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No								

## INSURANCE INFORMATION

Primary Insurance Company		Group Number		ID Number		Insurance Phone Number		
Insured Party		Social Security Number		Date of Birth		Phone Number		Relationship
Secondary Insurance Company		Group Number		ID Number		Insurance Phone Number		
Insured Party		Social Security Number		Date of Birth		Phone Number		Relationship

## CONSENT TO TREAT

I, \_\_\_\_\_, hereby authorize the providers of West Salem Clinic, Total Health Community Clinic, or West Salem Dental Clinic to provide such health services, including surgery, regular or emergency, as determined to be in the best interest of myself, or of my child or legal charge, if I am a parent or legal guardian. This authorization shall continue and be in full force and effect until revoked in writing.

_____	_____	_____
Patient's Signature	Parent or Legal Guardian's Signature (If applicable)	Date

## ASSIGNMENT OF BENEFITS

I hereby authorize the Northwest Human Services to furnish the insured's insurance company(ies) all information which said insurance company(ies) may request concerning my present claim. I hereby assign to Northwest Human Services all monies to which I am entitled for expense relative to the services performance from time to time, but not to exceed my indebtedness to Northwest Human Services. It is understood that any monies received from the above named insurance company(ies) over and above my indebtedness will be refunded to me when my bill is paid in full. I understand that I am financially responsible to Northwest Human Services for charges not covered by this assignment..

_____	_____	_____
Patient's Signature	Responsible Party's Signature	Date

Updated 7/25/18

Revised 8/14/02	Revised 9/1/06	Revised 8/23/07	Revised 4/1/16
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# NONDISCRIMINATION AND ACCESSIBILITY NOTICE

## Discrimination is Against the Law

NWHS complies with applicable federal civil rights laws and does not exclude, deny services to, or otherwise discriminate against any individual based upon ethnic group identification, race, national origin, religious creed, age, sex, sexual orientation, gender identity or expression, veteran's status, color, disability, housing status, educational level, economic status, social class, political beliefs, linguistic preference, or reprisal or retaliation for prior civil rights activity in any program or activity.

We provide aids and services, free of charge, in a timely manner, to people with disabilities to communicate effectively with us, such as:

- ✓ Qualified sign language interpreters
- ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide language services, free of charge, in a timely manner, to people whose primary language is not English, such as:

- ✓ Qualified interpreters
- ✓ Information written in other languages

**If you need these services, call (503) 378-7526**

If you believe that NWHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the NWHS Risk Officer located at 681 Center St. NW, Salem, OR 97301, Tel. (503) 588-5828, Fax (503) 588-5852. You can file a grievance in person or by mail, or fax. If you need help filing a grievance, the Risk Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail: attn.: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or phone 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p><b>Español (Spanish)</b>                  ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-503-378-7526.</p>	<p><b>Tiếng Việt (Vietnamese)</b>                  CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-503-378-7526.</p>
<p><b>繁體中文 (Chinese)</b>                  注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-503-378-7526</p>	<p><b>Русский (Russian)</b>                  ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-503-378-7526.</p>
<p><b>한국어 (Korean)</b>                  주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-503-378-7526번으로 전화해 주십시오.</p>	<p><b>Українська (Ukrainian)</b>                  УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-503-378-7526.</p>
<p><b>日本語 (Japanese)</b>                  注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-503-378-7526 まで、お電話にてご連絡ください。</p>	<p><b>العربية (Arabic)</b>                  ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-503-378-7526.</p>
<p><b>Română (Romanian)</b>                  ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-503-378-7526.</p>	<p><b>ខ្មែរ (Cambodian)</b>                  ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-503-378-7526 ។</p>
<p><b>Oroomiffa (Oromo)</b>                  XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-503-378-7526.</p>	<p><b>Deutsch (German)</b>                  ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-503-378-7526.</p>
<p><b>فارسی (Farsi)</b>                  شما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر توجه بگیرید تماس 1-503-378-7526 با باشد می فراهم.</p>	<p><b>Français (French)</b>                  ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-503-378-7526.</p>
<p><b>ภาษาไทย (Thai)</b></p>	

Revised 8/14/02	Revised 9/1/06	Revised 8/23/07	Revised 4/1/16
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เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้  
ฟรี โทร 1-503-378-7526.

Revised 8/14/02	Revised 9/1/06	Revised 8/23/07	Revised 4/1/16
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