



**LARAMIE COUNTY  
COMMUNITY COLLEGE**

**STUDENT HEALTH CLINIC  
Patient Consent Form**

Patient consents to the services that may be provided in connection with his/her outpatient treatment from Laramie County Community College Student Health Clinic (LCCSCHC) which may include, but is not limited to, routine diagnostic procedures, nursing care, and other medical services provided to patient upon the instructions of designated Medical Director standing orders. Patient acknowledges that no guarantees have been made regarding the outcome of the care. If patient is unable to sign consent for treatment consent maybe given by his/her duly authorized representative, or, in cases of emergency, shall be implied if such representative is not available.

**AUTHORIZATION TO DISCUSS MEDICAL CARE**

I, \_\_\_\_\_ give my authorization to the LCCC Student Health Clinic to discuss my medical care with the following person(s). I understand this authorization will stay in effect until I ask to have it removed in writing.

Individual(s) Name:	Relationship to Patient:

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature/Authorized Representative

Date: \_\_\_\_\_

\_\_\_\_\_  
I have received a copy of LCCC Privacy Practices

Date: \_\_\_\_\_

I acknowledge that follow up communication may be necessary. The best way to communicate with me is as follows:

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

EmailAddress: \_\_\_\_\_