PUBLIC HEALTH
Franklin
COUNTY KANSAS
EST. 1855

FRANKLIN COUNTY HEALTH DEPARTMENT
1418 S. MAIN ST, SUITE 1
OTTAWA, KANSAS 66067
785-229-3530

Family Planning Informed Consent

I, _____, hereby give my consent to,

Franklin County Health Department, hereafter referred to as the Clinic, to obtain a health history, secure laboratory services, and perform a physical examination for me as may be necessary.

- The Clinic may test for sexually transmitted diseases–including but not restricted to Chlamydia, gonorrhea, syphilis, and HIV-as indicated. I understand that positive test results may require treatment and may warrant confidential follow-up by a public health worker.
- I understand that, if I require care beyond the scope of this Clinic, I will be referred to a health care provider of my choice.
- I understand that my health information and visits to the Clinic are confidential pursuant to state and federal law, and my case will not be discussed with anyone outside the Clinic unless I give my written permission to do so, except as necessary to provide services or required by law.
- Clinic staff is required to comply with Kansas State Laws regarding reporting of child abuse and neglect.

I have read this form, understand the information in it, have had all my questions answered to my satisfaction and I am voluntarily signing this consent to receive the services provided by this Clinic.

In the event of a health emergency, I authorize the Clinic to contact:

_____	_____	_____
Name	Address	Phone #

_____ _____
Client Signature Date

_____ _____
Witness Signature Date