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## PCPCH Program Consent

National healthcare reform includes an effort to make sure patients and their doctor’s office work closely together. This is the Patient Centered Primary Care Home Program (PCPCH). Every doctor, Nurse Practitioner, and patient in our practice is being asked to agree that we are all a team when it comes to the care of our patients, your children.

Dr. \_\_\_\_\_ is inviting you to be on our team. By signing and dating this form, you are accepting our invitation to participate in the PCPCH Program.

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Name of Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today’s Date \_\_\_\_\_

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today’s Date \_\_\_\_\_

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today’s Date \_\_\_\_\_

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today’s Date \_\_\_\_\_



The Patient-Centered Primary Care Home Program is part of Oregon’s efforts to fulfill a vision for better health, better care and lower costs for all Oregonians.