



Northwest Regional, Inc.

P.O. Box 945, Philomath, OR 97370

Office: 541-438-4104 Fax: 541-438-4140

FINANCIAL RESPONSIBILITY

Subject: _____ DOB: _____ DOS: _____

o Adult Transportation: I have the legal authority to authorize the transportation of the above-mentioned individual. I am a Healthcare Provider, Mental Health Official, Spouse, Care Facility Staff, or I have been appointed by a court of competent jurisdiction to act as the Legal Guardian on behalf of the above-mentioned individual. I hereby release Northwest Regional, Inc. from any and all liability associated with the transportation provided. I agree to assume full financial responsibility for the services provided by Northwest Regional, Inc. in the event my insurance carrier denies payment for service rendered by Northwest Regional, Inc.

o Adolescent Transportation: I have the legal authority to authorize the transportation of the above-mentioned individual. I am the above-mentioned individual's Parent, Custodial Parent, Foster Parent, Healthcare Provider or I have been appointed by a court of competent jurisdiction to act as the Legal Guardian on behalf of the above-mentioned individual. I hereby release Northwest Regional, Inc. from any and all liability associated with the transportation provided. I agree to assume full financial responsibility for the services provided by Northwest Regional, Inc. in the event my insurance carrier denies payment for service rendered by Northwest Regional, Inc.

I have reason to believe that the above-mentioned individual is a danger to themselves and/or others as a result of mental illness, drug/alcohol abuse, or behavioral issues and based upon this, I believe that the individual must be transported in a manner as to ensure their safety and the safety of the Transport Personnel. This transport is deemed “Medically necessary for the treatment of the patient / individual” where applicable, or is otherwise required for the individuals health, safety, and well being. I agree that I, (or my family, if family requested or my employer, if requested as a result of my official capacity with my employer) will be held financially responsible for the costs associated with this transport if insurance denies payment or in the event that no other payment is made to Northwest Regional, Inc for the costs associated with this transport.

I understand that the individual transported may require the use of restraining devices during transport and that the assigned Transport Personnel have the authority to utilize restraining devices for the safety of the individual transported and the Transport Personnel, based upon the observations of the individual's behavior or knowledge of the individual's behavioral history may apply such restraining devices as deemed necessary. I release Northwest Regional, Inc. from any and all liability as a result of this transport or the application of restraints and fully indemnify Northwest Regional, Inc., their agents, employees, and representatives for any costs, fees, liability, or damages that may occur during or as a result of the transport. I appoint Northwest Regional, Inc. to act as my agent for the purpose of this transport.

Signed this _____ day of _____ 20 _____.

Printed Name

Relationship

Signature