

# Consent for Secure Transportation

Last updated: December 2024



CareOregon allows secure transportation for members who are not under court order or in custody. There are exceptions for adults in crisis, minors and for rides to certain places. Certain rules must be followed.

Members or a guardian must give permission for secure transportation. This must be in writing and given to the transport provider before the trip.

## Member information

Member (patient) name: \_\_\_\_\_

Member Medicaid ID #: \_\_\_\_\_

Guardian's name (if applicable): \_\_\_\_\_

Member (or guardian) phone number: \_\_\_\_\_

## Details

Reason(s)/circumstance(s) requiring secure transport: \_\_\_\_\_

Name & title of person authorizing secure transport: \_\_\_\_\_

Date(s) for secure transport: \_\_\_\_\_

Starting address: \_\_\_\_\_

Destination address: \_\_\_\_\_

Name and phone number of party receiving member: \_\_\_\_\_

## Condition

I understand secure transportation is needed. My doctor, parent, guardian, or other person responsible for me agrees. I have been told how secure transportation works. I understand the possible risks.

## Risks

I understand there are risks with transportation and travel. These risks can include things like medical equipment not working or problems with the vehicle. Other possible risks are accidents, bad weather, driver mistakes or things the transport team can't control. My condition might get worse during the trip, or I could have breaks in medical care. I understand the team might not be able to fix unexpected problems.

## Permission

I understand my condition and the risks. I agree with my doctor and/or my parent or guardian that I need secure transportation. I give permission to be transported in a secure vehicle only on the dates listed above. I understand the transport company is no longer responsible for me once I get to my destination.

## Signature

I have read this form carefully and understand the following:

- I have been told by the doctor and the facility about the transport. This includes the risks, benefits and other options.
- I have had the chance to ask any questions. I understand the answers.
- I am freely giving my consent for transport. I am not being forced.
- I can make decisions and have the right to give consent for the transport.
- I can change my mind and take back my consent at any time.
- Changing my mind will not stop me from getting rides in the future.
- The transport company will give me written information about their rules if I ask for them.

Signature: \_\_\_\_\_

Relationship to member,  
if not signed by member: \_\_\_\_\_

Health care provider signature: \_\_\_\_\_

Health care provider name: \_\_\_\_\_

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