

CONSENT FOR CHARITY CARE

I, _____, acknowledge that the physicians and staff of Christ Clinic are volunteer health care providers and are not administering care for or in expectation of compensation. I also understand that as volunteer health care providers, the physicians and staff of Christ Clinic are immune from any civil liability for any act or omission resulting in death, damage or injury as the volunteer acts are in good faith and in the scope of his/her duties within the organization in providing the health care services.

PATIENT/GUARDIAN SIGNATURE

DATE

ACKNOWLEDGEMENTS

I have received and reviewed the following from Christ Clinic (please check):

- Patient Rights & Responsibilities
- Notice of Privacy Rights

By signing this, I am fully aware of both documents and agree to the information provided in each.

PATIENT/GUARDIAN SIGNATURE

DATE

DESIGNATION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION

Some patients prefer that **other individuals, especially family members, be allowed to access their medical information**. In accordance with Federal government privacy rules, a written release is required to allow another person access to your medical records. This release grants permission to the individual(s) listed below to: make or confirm appointments, have access to x-rays and laboratory findings, pick up medication, be made aware of your diagnosis, prognosis, and treatment plans, and serve as your emergency contact.

- I do NOT give permission for anyone else to be contacted other than myself
- I give permission to contact the following people:

Name	Telephone	Relation to Patient	Please mark your selection	
			pick up medications	
			make appointments	
			receive medical information	
			pick up medications	
			make appointments	
			receive medical information	



Answering Machine Messages

There may be times when our office is not able to reach you by telephone. With your permission, we would like to be able to leave messages on your home answering machine or voice mail.

Home voice mail? Yes No Cell phone voice mail? Yes No

Messages will not be left on answering machines or voice mail if the recorded greeting does not include confirmation of your name or phone number.

PATIENT/GUARDIAN SIGNATURE

DATE



CHRIST CLINIC – RIGHTS & RESPONSIBILITIES

Welcome as a patient to Christ Clinic. Our mission is to provide you and your family with not only quality healthcare, but care and compassion. In order to fulfill our mission, the following rights and responsibilities have been established to assure our purpose can be met.

You have the right:

- To be treated with the utmost respect and dignity no matter their ethnicity, gender, religion or income.
- To health care and treatment that is reasonable for your condition and within our capability.
- To make decisions about your health care while discussing it with your provider.
- To refuse treatment, care and services allowed by the law while understanding the risks that could occur with this refusal.
- To personal privacy and confidentiality during interviews, examinations and treatment. Please review the "Notice of Privacy Rights" for more information about this right.
- To access your medical records.
- To speak to someone on the management team if you have a complaint.

You are responsible:

- To treat the Christ Clinic staff with the same respect and dignity as allowed to them. Christ Clinic's Executive Director and/or Clinic Director reserve the right to refuse service to anyone acting in an inappropriate manner.
- To provide updated contact information (phone, address and e-mail) for all provider/patient communication
- To comply with medical recommendations. Failure to comply with a medical recommendation or medical orders will result in your release from the care of your provider and from Christ Clinic. You will be deemed noncompliant if you fail to adhere to orders regarding medication, lab work and/or follow-up appointments.
- To **keep and be on time** for your appointment(s). Anyone arriving 15 minutes or later after their scheduled appointment will be required to reschedule at a later date. If you are not able to make your appointment, please call as soon as possible so we accommodate others.
- To provide Christ Clinic with accurate information about your financial status and resources as well as any changes that may occur. This includes having Medicaid, Medicare, CHIP, Gold Card or another form of insurance.
- To bring required proof of household income at least once a year. Three recent pay stubs and/or a copy of your most recent income tax return are required. In order to access third party services a copy of your most recent income tax return is required (ex: medication assistance and specialty services). If pay stubs are unavailable, you must provide proof of income or assistance in paying your bills.
- To contribute \$25 on your **first** visit and \$15 for each visit after. Walk- in visits will have an additional \$5 convenience fee. *We accept cash, credit and debit.*
- Payment for any additional testing will be requested at the time of service. *We accept cash, credit and debit.*
- To provide only valid Social Security numbers on your patient information sheet. This number is used only for the purpose of acquiring prescription medication for the patient through the pharmaceutical companies.
- To respect the privacy of other patients while at the clinic. Please keep cell phones off and your family and visitors coming with you to a minimum.
- To supervise your children at all times. Unattended minors are not allowed in the waiting room. You are responsible for their safety and protection while visiting Christ Clinic.

Termination:

If we decide that the provider – patient relationship has come to an end, you have a right to advance notice that explains the reason for the decision. You will be given 30 days to find another health care provider. If a threat to Christ Clinic or its staff is made, this decision can be made effective immediately. Reasons for which we may end the provider – patient relationship includes but not limited to:

1. Failure to follow the responsibilities listed above such as keeping scheduled appointments.
2. Intentional failure to report accurate financial and insurance status.
3. Intentional failure to provide accurate information about your health or illness.
4. Intentional failure to follow the instructions given by your provider regarding medications, follow-up appointments, health practices.
5. Making a threat against Christ Clinic staff/volunteers or patients.



CHRIST CLINIC – NOTICE OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY.

The *Health Insurance Portability & Accountability Act of 1996* (“HIPAA”) is a federal program that requires all medical records and other individually identifiable protected health information (PHI) used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept confidential. You have rights to understand and control how your health information is used. We are required to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to PHI

We may use and disclose your medical records without authorization only for the following purposes:

- **Treatment:** providing, coordinating, or managing health care and related services by one or more health care providers. We may disclose your information to doctors, nurses and other health care personnel who are involved in your care.
- **Health Care Operations:** for appointment and patient recall reminders. Also includes the business aspects of running our practice, such as conducting clinic improvement activities, employee training, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.
- **When Required To Do So By Federal, State Or Local Law** This may include the following: 1) business associates; 2) to avert a serious threat to health or safety; 3) public health risks; 4) health oversight activities; 5) judicial and administrative procedures; 6) specific government functions; 7) research and organ donation; 8) coroners and funeral directors; and 9) communications with caregivers and relatives.
- **Any other uses and disclosures will be made only with your written authorization.** You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the management team.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information. Written request is needed.
- The right to amend your protected health information.
- The right to receive a list of how your protected health information was disclosed other than treatment, payment or health care operations, as listed above.

You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint. If you have any questions or to make a request regarding the rights described above, please contact:

Christ Clinic
Management Team
25722 Kingsland Blvd Ste:111
(281) 391-0190

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257 or Toll Free: 1-877-696-6775