

INTERFAITH COMMUNITY CLINIC (ICC) INFORMATION

1. CLINIC SERVICES AND PATIENT RESPONSIBILITIES

- ICC relies on your donations to operate; we ask that you make a contribution to care in the amount of \$_____ for the services provided to you. Services will not be denied if you are unable to make this contribution, however, ICC depends on you so you can depend on us.
- ICC is a provider of basic medical care. We are not able to provide surgery of any kind.
- Due to the limit of our services we may not be able to provide all services that are needed. **When possible** referrals to other programs may be given to you during your clinic visit, however, many of our referral sources are also limited in the services that they provide and may require a payment plan.
- ICC provides primary **non-emergency** care. If you feel your condition is an emergency you should visit a hospital emergency room.
- If a practitioner who sees you at ICC thinks you need additional testing or a specialist's care, we may be able to arrange a referral for this. If you fail to keep these appointments without calling to cancel, this will result in your being disqualified for further services from ICC.
- To be eligible for services at ICC, certain income limits apply and patients may be denied services based on these limits. Every effort will be made to educate you on the other available resources for care.
- Patients are required to attend **two (2) Health and Wellness Education Classes** offered by ICC within the twelve (12) month eligibility period. Failure to comply will result in a denial of services.

2. CONSENT FOR TREATMENT AND AUTHORIZATION FOR DISCLOSURE OF INFORMATION

- I consent to treatment at Interfaith Community Clinic (ICC) I consent for ICC to disclose all health and other relevant information to appropriate referral practitioners and health care organizations.
- The information on the Patient Information Sheet (PIS) is correct to the best of my knowledge. I understand that ICC will use the information on the PIS and other information provided to decide whether I should receive care at ICC or be referred to another source of care.
- I consent for ICC to obtain financial and other relevant information about me from other sources and to disclose information, as is reasonably necessary to accomplish this.
- ICC has a **Notice of Privacy Policies** that fully describes how your personal health care information (including psychological information) may be used and disclosed for treatment, and health care operations. It also describes your rights and the guidelines for written authorizations regarding your health care information. For a complete copy of this policy, please inquire at the front desk.
- I acknowledge that I have been given an opportunity to review the notice of privacy practices.

Date Signature of Patient/Parent/Conservator/Guardian Relationship to Patient

3. PATIENT NOTICE OF LIMITED LIABILITY FOR FTCA DEEMED FREE CLINIC VOLUNTEER HEALTH CARE PROFESSIONALS, BOARD MEMBERS, OFFICERS, EMPLOYEES, AND INDEPENDENT CONTRACTORS

- This is to notify you that under Federal law relating to the operation of free clinics, the Federal Tort Claims Act (FTCA), (See 28 U.S.C. 1346(b), 2401(b), 2671-80) provides the exclusive remedy for damage from personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by any free clinic volunteer health care practitioner, board member, officer, employee or independent contractor who the Department of Health and Human Services has deemed to be an employee of the Public Health Service. This FTCA medical malpractice coverage applies to deemed free clinic volunteer health care practitioners, board member, officer, employee, or independent contractor who have provided a required or authorized service under Title XIX

of the Social Security Act (i.e., Medicaid Program) at a free clinic site or through offsite programs or events carried out by the free clinic (See 42 U.S.C. 233 (a), (o)).

- The above Federal law and other State and Federal law including the federal Volunteer Protection Act of 1977 may cover certain free clinic health care professionals providing health care services to patients at this free clinic.

I HAVE READ ALL OF THE ABOVE INFORMATION (OR IT HAS BEEN READ TO ME), AND I UNDERSTAND

Patient Signature (or patient representative)

Date

Witness (Clinic Staff or Volunteer)

Date