



PATIENT POLICIES & PROCEDURES

AGREEMENT AND TERMS FOR ACCEPTING MEDICAL CARE AT THE MOAB FREE HEALTH CLINIC

By signing below, I agree that in exchange for receiving uncompensated health care services, I waive my right to take legal action against any and all medical providers or ancillary personnel at this clinic or to otherwise seek a monetary recovery from the Moab Free Health Clinic and/or its employees and health care volunteers for any alleged professional acts of negligence, except for acts or omissions that are deemed to be grossly negligent or are considered willful and wanton, regardless of where such services are performed.

I hereby acknowledge that I have been provided the opportunity to ask questions or request further information from the Moab Free Health Clinic regarding the above and I fully understand and accept the rights that I am forfeiting by accepting this provision. I further understand that this waiver has been made for the purpose of complying with Utah State Code Annotated 58-13-3 that permits me to waive these rights in exchange for receiving uncompensated health care services.

Furthermore, I acknowledge that I have seen, read, and understand the Notice of Limitation of Liability that applies to the Moab Free Health Clinic, its employees and health care professional volunteers.

Finally, I understand that prescription refills and follow up care are my responsibility, and that I should call the MFHC three weeks before I need a prescription refill. Refills are provided only at provider discretion.

FREE CLINICS FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

Patient Notice of Limited Liability of FTCA Deemed Volunteer Free Clinic Health Care Professionals

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 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 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)).

Certain free clinic health care professionals providing health care services to patients at the Moab Free Health Clinic may be covered by the above Federal law.

NO SHOW POLICY

We understand that circumstances may arise that do not allow you to keep your appointment. Please remember to be courteous to us and the other patients by calling at least **24 hours prior** to your appointment time to **cancel** if you cannot make it. This will allow us to serve our patients better. Patients arriving more than 15 minutes late for their appointments will be counted as a no show, and they will need to reschedule their appointments.

Please read both sides of form and sign

First Missed Appointment: One of our staff members will attempt to call you at the number listed in your chart to ask the reason for the no show. We understand that everyone forgets once in a while and will use this as a reminder.

Second Missed Appointment: Someone will attempt to contact you and ask the reason for the no show. You will receive a letter by mail and a note will be placed in your chart. This letter informs you that you have missed a second appointment and reminds you of the consequences of missing a subsequent appointment.

Third Missed Appointment: Someone will attempt to contact you and ask the reason for the no show. You will receive a letter that informs you that the MFHC will no longer be able to serve you as your primary health care provider. We will continue serving you **only** for the next 30 days in case of urgency until you find a new provider.

Missed referral appointment: This will be counted as a No Show and you may not receive any more referral appointments through the MFHC.

Missed massage/ physical therapy appointment: Patients are allowed only two missed appointments before receiving a letter saying the MFHC will no longer be able to serve them.

Missed appointments cost us all time, effort, and money. If you have any questions, please ask any of the staff or your provider.

HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT (HIPAA) POLICY

Please be assured that as a MFHC patient, we take great precautions to protect your personal information. The MFHC complies with HIPAA's Privacy and Security Rules, which require that protected health information (PHI) be specifically safeguarded. PHI is defined as individually identifiable health information transmitted by electronic media, maintained in any electronic medium, or transmitted or maintained in any other form, i.e. verbal or written. Therefore, all information you share with clinic staff & volunteers (written, verbal, or electronic) will be protected and kept confidential at all times. It is mandatory for all MFHC volunteers (medical and non-medical) to understand and comply with the Privacy and Security Rules' regulatory requirements.

CERTIFICATION OF NEED

As a patient of the Moab Free Health Clinic, I certify that I have either: (1) **NO** health insurance including Medicaid, Catastrophic, or High Deductible Insurance or (2) I meet the MFHC definition of **underinsured**.

I also certify that I am telling the truth about my health insurance status to the best of my knowledge.

I understand that not telling the truth about my health insurance status hurts our entire community.

If my health insurance status changes and I find I am no longer eligible to receive services from the Moab Free Health Clinic, I will either inform the clinic or discontinue my use of the clinic's services.

I, the undersigned, have read and understood the information listed above.

Patient's **Printed** Name

Date

Patient's **Signature** and Acknowledgement
(signature of parent/ guardian if patient is under 18)