



## The Free Medical Clinic: Patient Responsibilities

**Patient name:** \_\_\_\_\_

FMC is a non-profit organization funded by donations and grants and is staffed primarily by volunteer doctors and nurses. We are honored to serve you with no charge primary care. Listed below are important things to understand about FMC and the care we provide. Please read each item carefully and sign the bottom indicating your understanding and agreement:

1. I understand that the medical care at FMCOR is provided primarily by volunteer doctors, nurses, and other caregivers; therefore, there may be delays, rescheduling, or changes in whom I see, and I may not be able to see the same provider every appointment.
2. I understand that the clinic provides basic health care and may not be able to help with all of my medical problems or provide assistance with all the medications I need. However, while I am a patient of FMCOR, I will not seek primary care from any other provider, including county health departments, and FMCOR providers will coordinate any specialty care I receive.
3. I understand FMCOR may assist me in applying for patient assistance and drug discount programs. FMCOR provides this assistance only if I continue to keep my appointments and have any required lab testing done. Some medicines may require proof of income. If I do not supply this information in a timely manner, I will be required to pay for the medicine.
4. I understand that FMCOR does not prescribe, stock or facilitate chronic narcotic pain medications or tranquilizers.
5. If I am more than 15 minutes late for my appointment, I realize I may not be able to be seen that day. Multiple late arrivals may mean that I will be dismissed from the FMCOR.
6. I understand that some labs, imaging, specialist referral appointments, and other outside procedures may not be free. FMCOR staff will inform me in advance about fees or charges I may be expected to pay. FMCOR is not responsible for payment for these services.
7. I agree it is my responsibility to ask questions if I do not understand what the doctors and nurses say about my medical problems or treatment. I agree to follow the treatment my doctor advises, otherwise I may not be able to be seen at the clinic again.
8. I will attend wellness education classes or programs, if my doctor informs me it is an important part of maintaining or improving my health.
9. I consent to be tested for HIV, HBV, and HCV in the event that a healthcare provider or other individual providing services to me as a patient of FMCOR has potential blood-borne infectious disease exposure from me. I understand that I will not be charged for the testing. I also give consent for FMCOR to release information about me to a requesting authority sufficient for such party to determine if I have or have had such an infection and could have transmitted it to the healthcare provider or individual furnishing services to me.
10. I understand that I will be dismissed from FMC care if I do not keep these agreements or if I am discourteous to the FMC team.

**Signed** \_\_\_\_\_

**Date:** \_