

Trinity Community Care is a free clinic which is designed to provide health and dental care to members of our community who are uninsured or underinsured. All persons, including medical and dental practitioners, are volunteers and are not paid for their service. They are donating their time without payment of any kind to help and serve you. There are many different volunteers working in the clinic, and they will be here as their schedules permit. Trinity Community Care volunteers will do what they can when they can, but patients are not guaranteed nor entitled to any specific services. To better serve you, we ask for your cooperation as listed below.

I UNDERSTAND AND AGREE TO THE FOLLOWING TRINITY COMMUNITY CARE POLICIES:

KEEPING SCHEDULED APPOINTMENTS:

- Clinic resources are limited and valuable. By not canceling an appointment I am unable to keep, I am taking away an appointment from someone else.
- I will give Trinity Community Care 24 hours notice if I will be unable to keep my appointment or have someone call for me if I am unable to call.
- Arriving late for an appointment may result in being rescheduled for the next available time, which may not be the same day.
- If I miss two appointments within a 6-month period without notifying Trinity Community Care in advance, I will no longer be able to receive services, medical or dental, at Trinity Community Care.

INFORMATION DISCLOSURE:

- I do hereby authorize any health care professional associated with Trinity Community Care to disclose any professional and/or personal health information to other health care professionals as may be necessary from time to time. And in connection with my health care.
- I do hereby authorize any health administrative team member of Trinity Community Care to disclose my registration and screening information for the purpose of obtaining no or low cost laboratory, imaging, or health care services at another facility.

TESTING AND TREATMENT FOLLOW-THROUGH:

- Follow-through on testing and treatment ordered by practitioners at Trinity Community Care is solely my responsibility. If I fail to follow the practitioner's orders, my treatment may be unsuccessful.
- I am responsible for taking medication as ordered by the doctor. I will not skip doses, nor double up on doses without the doctor's written order. Doing so puts my health at risk and may result in not getting refills when needed.
- I acknowledge that Trinity Community Care is limited in the services they can provide on site. Therefore, from time to time my health care provider may recommend services outside of Trinity Community Care and not in connection with the Beaumont Health System arrangement for lab work, x-rays and other diagnostic procedures. If a recommendation for outside services is made I understand that Trinity Community Care is not responsible for arranging for said services and is not responsible for payment of said services. Trinity Community Care will do what it is able to do, but cannot provide all necessary health care and cannot treat all medical conditions. If services are required outside of Trinity Community Care I agree that I am solely responsible for said services and agree to hold harmless Trinity Community Care and all of its volunteers.

MAINTAINING ACCURATE AND CURRENT INFORMATION:

- Every patient, NO EXCEPTIONS, must update eligibility and patient information (be re-certified) periodically. This involves completing paperwork and supplying the clinic with requested documentation and proof of eligibility. If I cannot show the requested proof I may not be able to receive services.
- Falsifying my income or insurance information is grounds for the termination of Trinity Community Care services.
- I will notify Trinity Community Care of any change in my income, insurance, or contact information (phone number/address).

CLINIC POLICIES:

- No alcohol or street drugs are allowed at the clinic at any time! Guns and other weapons are not allowed at the clinic unless carried by a law enforcement officer or security personnel.
- No smoking will be permitted in the clinic or in the direct entryway to the facility. A smoking area will be designated outside the facility.
- If I am uncooperative, loud or disruptive in the waiting area, verbally or physically threatening/abusive, intoxicated, or behave in an inappropriate manner I will be dismissed from the clinic and may no longer be eligible to obtain services from Trinity Community Care. I also understand that, depending on the severity of the incident, dismissal may be immediate and termination from the program final.
- Any minors (18 years or younger) who come to the visit with the scheduled patient will need to stay with the patient during the exam and treatment. Therefore it is recommended that alternate arrangements be made whenever possible.

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS A PATIENT OF THE TRINITY COMMUNITY CARE.
I AGREE TO COMPLY WITH THESE REQUIREMENTS.**

Signature: _____ **Date:** _____