



## Patient Rights and Responsibilities

---

### Contact:

1016 Main Street  
Lynchburg, VA 24504  
434-847-5866  
434-528-2529

### Hours:

Monday, Wednesday and Friday  
8:30 am to 4:00 pm  
Tuesday and Thursday  
8:30 am to 7:00 pm  
Closed for lunch 1:00 pm to 2:00 pm

### Eligibility:

Services are limited to adults who reside in Central Virginia, are uninsured or underinsured, and who have income less than 200% of the Federal Poverty Level. Individuals are considered underinsured if their health insurance does not cover the medically necessary service they are requesting.

### Patient Rights:

As a Free Clinic patient you have the right to:

- Receive high quality, appropriate care
- Receive considerate and respectful care
- Receive appropriate care without regard to race, color, national origin, sex (gender), sexual orientation, age, religion, or disability
- Adequate time with your provider to ask questions and to receive reasonable answers
- Receive information about your diagnosis, treatment and prognosis in a manner that you understand
- Actively and meaningfully participate in decisions involving your care
- Bring an interpreter with you when you do not speak or understand the language
- Consent to the care provided to you
- Express your concerns, complaints or grievances

### Patient Responsibilities:

As a Free Clinic patient you have the responsibility to:

- Provide accurate, true and complete information about your health and financial status
- Report any changes in insurance status or changes in income which bring you over 200% of the Federal Poverty Level within 7 days of the change
- Report any new employment within two pay periods, if you or any member of my household have been unemployed and get a job
- Update eligibility information at least annually
- Notify your healthcare provider if you need further explanation concerning your diagnosis, treatment and prognosis
- Actively participate in your care and your health
- Keep appointments and follow-up on treatment and your plan of care

## Guidelines for Receiving Services:

Most of the healthcare providers at the Free Clinic are volunteers. Therefore, we are limited in the scope of services that we are able to provide. As a patient of the Free Clinic, you agree to follow the guidelines below:

**No Show Policy:** A missed appointment is when you do not show up for a scheduled appointment and you did not call to cancel or reschedule 24 hours in advance. Calling the day of the appointment is not enough notice and is considered a late cancellation. If you miss or late cancel an appointment, you will be charged a no show fee of \$5 if the no show was for a primary care visit, \$10 for a specialty medical visit, or \$10 for a basic dental visit.

**The Free Clinic is your Primary Provider:** In order to provide you with the best care, we require that you receive all of your medical and dental services here at the Free Clinic, with the exception of referrals to other providers made by the Free Clinic.

**Disability or Worker's Compensation Claims:** You acknowledge that volunteers provide most of the medical and dental services at the Free Clinic. You acknowledge that you may not be treated by the same provider each visit. I understand that due to this, the Free Clinic staff cannot assist with any Disability Claim, or make any statements related to my ability to be employed.

**Provide Updated Financial Information:** You agree to report any changes in insurance status or changes in income which bring you over 200% of the Federal Poverty Level within 7 days of the change. You also agree to provide updated financial, insurance and household information as part of the annual eligibility renewal process.

**Record Review and Audit:** You agree to permit your medical, pharmacy and financial records to be reviewed for audit purposes and to ensure compliance with Board of Pharmacy regulations. This includes patient eligibility, product receipt, inventory, dispensing, distribution, return records and prescriptions.

**Prescription Refills:** The Free Clinic's pharmacists are volunteers. Prescription refills must be called in 7 to 10 days ahead of time to provide enough time for your prescription to be filled. It is your responsibility to keep up with refills you may have on your prescriptions. We place a reminder sticker on any prescriptions that are running low on refills, so that you can schedule an appointment with your health care provider to renew your prescription.

**Accurate and True Information:** You acknowledge and certify that all information provided to the Free Clinic as part of the eligibility process is true and accurate to the best of your knowledge. You understand that if you provide false information or withhold information you will no longer be eligible for services.

I acknowledge that I have read and received a copy of this form and understand its contents. I further acknowledge that I am the patient, or person duly authorized to sign this agreement, and that I consent to and accept its terms.

---

Signature

Print Name

Date