

THE FREE CLINIC OF ROCKINGHAM COUNTY CONSENT TO TREATMENT AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

Thank you for choosing The Free Clinic of Rockingham County for your health care needs. A patient coordinator representative in our office is available to answer any questions Monday-Thursday from 8:00am-12noon and 1pm – 4pm. They can be reached at (336) 349-3220. Please note that because we are a Free Clinic we are minimally staffed, if you do not receive an answer, please leave a message, we will call you back.

The Free Clinic of Rockingham County relies on volunteer doctors to provide care for our patients who need a referral to a specialist. As a result, there may be longer than average wait times to see a specialist.

CONSENT FOR TREATMENT

- I understand that by signing this consent, I am authorizing them to treat me for as long as I seek care from The Free Clinic of Rockingham County, or until I withdraw my consent in writing.
- I understand that I have the right to consent or refuse to consent to a proposed treatment. I understand the practice of medicine is not an exact science, and that there are risks and benefits associated with receiving medical treatment.
- I understand treatment & services may include:
 - Lab Tests
 - Screening Tests (tests that can find an illness early, before a person shows signs of having the disease)
 - Diagnostic Tests (tests that show if a person has a certain illness or health problem)
 - Routine exams
 - Medications
 - Consults, dietary or otherwise
 - Procedures to treat my health problems
- I acknowledge and agree that no guarantees are made to me concerning the result and outcomes of the medical examination and treatment rendered by the physicians, PA-C and professional staff of the Clinic.
- I consent to the provision of medical care by the health care providers of The Free Clinic of Rockingham County and such assistants as they deem necessary, including routine diagnostic procedures, laboratory procedures and examinations.

NO SHOW/CANCELLATION POLICY

- We understand that unexpected schedule conflicts can arise; however, it is important that you notify us at least 24 hrs in advance if you need to cancel your appointment. Our appointments

are filled far in advance, and your cancellation call is very important to help us meet the needs of all our patients.

- If you fail to give 24 hours advance notice
 - First Offense – no penalty
 - Second Offense – 30 day suspension
 - Third Offense – 1 Year suspension

- I consent to receiving auto-dialed and/or artificial or prerecorded message calls to my cellular telephone and to my telephone number provided during my registration process from the Clinic or its affiliates and their agents, without limitation, any account management companies and independent contractors including any collection agents.

Signature of Patient or Patient's Legal Representative

Date

Witness _____

Printed Name of Patient _____