

The Free Clinic of Rockingham County, Inc. Client Informed Consent and Waivers

Screeners: Please review each statement with the client before asking them to sign.

As a client of The Free Clinic of Rockingham County, Inc. you acknowledge and accept responsibility for the following information and guidelines.

- The Free Clinic is a private, non-profit organization. We are funded by private donations and do not receive federal, state, or county tax dollars for support.
 - Volunteers who donate their time and talents provide Clinic services; therefore, clients waive the right to "reasonable negligence." In the event of any type of litigation you are agreeing to binding arbitration.
 - The Free Clinic will do whatever we can, whenever we can to help, but you are not guaranteed or promised that the services you need we will be able to provide.
 - In fact, at times you may need services we cannot provide. The medical and dental providers reserve the right to determine that a condition or need is beyond the scope of what can be done in our facility, and you will be advised to seek healthcare in a specialized facility.
 - In the event that services are provided outside our facility or you are referred to another facility for care and there are charges related to that care, then all charges are the responsibility of the client, not The Free Clinic. **The Free Clinic is not responsible for any charges that occur outside of our facility.**
 - Medications that you receive may not be considered to be in child safety proof containers. Medications must always be kept out of the reach of children. If you specifically need child safety containers, please advise the pharmacy.
 - You are responsible for knowing and following the information and guidelines set forth by The Clinic. Failure to comply with the guidelines can result in suspension or termination of services.
 - Permission is also granted for The Clinic to network with other agencies as necessary to negotiate further services on your behalf.
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Client's signature _____ Date _____

Screener's signature _____ Date _____

Annual review: Date/initials of client and interviewer: Date _____ Client _____ Screener _____