



Patient Policies

The Good Samaritan Health Center of Gwinnett (GSHCG) is committed to providing you with high quality and affordable health and dental services. Please read the Patient Policies below and ask any questions you may have. Your signature on this policy is required in order to receive treatment; a copy will be provided to you upon request.

1. Consent to Treatment. I authorize GSHCG to render medical, dental, and/or other necessary treatment to me, and willingly consent to such treatment. I release GSHCG, its physicians, dentists, nurses, technicians, and any other employees or agents from any and all liabilities, claims, or causes of action that may result from treatment.

2. Eligibility. Good Samaritan Health Center of Gwinnett, Inc. is a Christian non-profit health center for individuals without health and/or dental insurance. Any individual without health or dental insurance is eligible to receive services at GSHCG. If you are or become insured, you may not be eligible to receive services at GSHCG. If you are or become insured and fail to notify us, we WILL NOT provide you with information to help you document your expenses at GSHCG and you may be denied additional services.

3. Required Documentation. All patients must complete patient information forms including medical history and treatment consent forms to establish care at GSHCG. VALID PHOTO IDENTIFICATION SUCH AS A DRIVER'S LICENSE, PASSPORT, MILITARY CARD OR OTHER FORM OF GOVERNMENT ISSUED IDENTIFICATION IS REQUIRED. YOU MUST ALSO PROVIDE CURRENT PROOF OF INCOME AND NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD. Proof of income such as your most recent income tax return, last year's W-2 form, three (3) most recent bank statements, three (3) most recent pay stubs, unemployment documents from the Dept. of Labor, Social Security Income/Disability statements, or a signed letter from your employer(s) verifying your current wages and number of hours worked each week, will be accepted. IF YOU REFUSE TO PROVIDE THIS DOCUMENTATION YOU WILL BE DENIED SERVICE. THIS DOCUMENTATION MUST BE UPDATED ANNUALLY.

4. Payment for Services. Payment for services is required before each appointment. Partial payments are not accepted. You must maintain a \$0.00 (zero) balance in order to receive additional services at GSHCG. Payment methods include cash, debit and credit cards (Visa, MasterCard, and Discover). We do not accept personal or certified checks. GSHCG offers greatly reduced prices as a community service to uninsured individuals and families. WE DO NOT ACCEPT GOVERNMENT FUNDING AND ARE NOT REQUIRED TO PROVIDE YOU WITH SERVICES YOU CANNOT AFFORD.

5. Lab Fees. If you require blood work or other lab services, you are responsible at the time of service for a minimum payment of \$25. Some specialized lab work may be more expensive. We cannot inform you in advance what blood work you may require; that can only be determined after you have been assessed by a provider. It may take up to two weeks for your results to be

available, and WE WILL NOTIFY YOU ONLY IN THE EVENT OF ABNORMAL RESULTS. If you do not receive a call from us within two weeks, your lab results were within acceptable limits. If you would like a copy of your results you must pick them up in person. Copy fees may apply.

6. Procedure and Extra Service Fees. If you require a medical or dental procedure or any extra service, you may be responsible for an additional payment. We cannot tell you in advance what procedures or extra services you may require; that can only be determined after you have been assessed by a provider. Additional payment, if any, for a medical procedure or extra service is required before the procedure or extra service can be performed. If you require urgent care, the procedure or extra service may be provided immediately for your own health safety. In this case, fees must be paid at the end of your visit. FAILURE TO PAY PROCEDURE AND EXTRA SERVICE FEES WILL RESULT IN TERMINATING YOUR STATUS AS A PATIENT AT GSHCG.

7. Acknowledgment of Medical Providers' Status. The GSHCG is staffed with volunteer medical and dental providers including physicians, dentists, physician assistants, nurse practitioners, registered nurses, dental hygienists, and medical and dental students. Patients are assigned to providers on a random basis; however a licensed physician supervises all providers. WE CANNOT PROVIDE HEALTHCARE SERVICES TO YOU IF YOU REFUSE TO BE TREATED BY ANYONE OTHER THAN A LICENSED PHYSICIAN.

8. NO EMERGENCY MEDICAL CARE: GSHCG is not an urgent medical care or emergency medical care facility. We only provide routine primary medical care. We do not provide after-hours services or physician on-call response. Do not leave voicemail messages about your emergency needs. If you experience what you believe to be a medical emergency you must seek help at a hospital. If our daily dental schedule allows, we will provide emergency dental appointments to relieve pain and infection.

9. No Legal Assistance: GSHCG does not provide healthcare for the purpose of supporting workers compensation, personal injury, Social Security disability or other loss claims. We will not provide care for the purpose of offering a medical opinion to your lawyer. WE DO NOT COMPLETE PAPERWORK OF ANY KIND FOR OTHER BUSINESSES OR PURPOSES.

10. Duration of Appointments. GSHCG reserves the right to end your medical appointment after FIFTEEN (15) MINUTES. You may be asked to return to the Center for additional appointments if all of your healthcare problems cannot be addressed within fifteen (15) minutes. Your first visit and annual physical appointments may last longer. GSHCG reserves the right to end your dental appointment after SIXTY (60) MINUTES. You may be asked to return for additional appointments if all your dental problems cannot be addressed in one appointment.

11. Late Arrival. You must arrive on time or early for your appointment. In order for GSHCG to honor the time of its volunteer staff, you must honor the time we have scheduled for your appointment. Patients arriving more than fifteen (15) minutes late may lose their appointment. GSHCG reserves the right to cancel the appointment of anyone not signed in within fifteen (15)

minutes of their scheduled appointment time. If you arrive late and your appointment has not been cancelled you may be seen that day at a time convenient to the volunteer medical staff.

12. Missed Appointment Fee. A \$20.00 fee is due for missed medical appointments not canceled within 24 hours of the appointment. A \$50.00 fee is due for missed routine dental appointments and \$75.00 for specialty dental appointments not canceled within 48 hours of the appointment. These charges are due in addition to the fees for your next visit. MISSED APPOINTMENT FEES WILL NOT BE WAIVED AND MUST BE PAID BEFORE YOU CAN BE SEEN FOR A NEW MEDICAL APPOINTMENT. Missed appointment fees may be charged if you arrive more than fifteen (15) minutes late and we are unable to provide you with an appointment because of other appointments that have arrived on time. Repeated failure to cancel medical and/or dental appointments with advanced notice may result in your dismissal as a patient of GSHCG.

13. Active or Inactive Status. You are considered an Active Patient if you have been seen in the Center within the last twelve (12) months. If you have not been seen for a period greater than twelve (12) months, you are considered an Inactive Patient. We reserve the right to deny requests for medication refills if you are an Inactive Patient. We also reserve the right to charge you a Re-Assessment Fee if you have not been seen for a period greater than twelve (12) months.

14. Referrals to Other Providers. You may be referred to other healthcare providers for additional medical services, including mammography, ultrasound and other imaging, surgery, and consultation. You are responsible for payment of those services and disputes about amounts due must be handled by you directly with that provider. You should ask the provider for specific payment information prior to receiving medical treatment. GSHCG WILL NOT ASSIST YOU WITH RESOLVING BALANCES DUE FOR SERVICES YOU RECEIVED ELSEWHERE.

15. Medication Refills Policy. YOU MUST NOTIFY GSHCG OF YOUR NEED FOR A PRESCRIPTION REFILL AT LEAST TEN (10) DAYS BEFORE YOU RUN OUT OF MEDICATIONS. To obtain a prescription refill, you must either bring your medication bottles to the clinic or fax a complete Refill Request Form to 678-280-6635. This form is available at the checkout counter and on our website, www.goodsamgwinnett.org. DO NOT CALL TO REQUEST OR LEAVE A VOICEMAIL REQUESTING MEDICATION REFILLS. WE DO NOT PROCESS PHONE OR VOICEMAIL REQUESTS FOR MEDICATION REFILLS. Refill requests may be phoned in by your pharmacist.

16. Controlled Substances Policy. GSHCG WILL NOT PRESCRIBE NARCOTICS, OPIOIDS OR OTHER MEDICATION KNOWN TO HAVE ADDICTIVE PROPERTIES, INCLUDING BUT NOT LIMITED TO MEDICATIONS FOR PAIN, ATTENTION DEFICIT DISORDER, AND PSYCHIATRIC DISORDERS.

17. Interpretation Services. GSHCG IS NOT OBLIGATED TO PROVIDE YOU WITH AN INTERPRETER. Our fee for providing an interpreter is \$10. Although we have interpreters, we cannot guarantee an interpreter will be available for you at each visit. For this reason, if you require an interpreter and do not bring one who is a fluent English speaker, and we do not have a volunteer interpreter available, your appointment may be delayed or cancelled. In the

case of cancellation due to lack of an interpreter, you will be charged the applicable cancellation fee. If you are not a fluent English speaker you will be charged the interpretation fee even if your provider speaks your primary language because every staff member you may come in contact with during your visit may not speak your primary language.

18. Medical Records and Confidentiality. We will provide you with a copy of your medical and/or dental records for a minimum fee of \$10, not to exceed a maximum fee of \$25, the charge determined by how many pages must be copied. You must pay the minimum \$10 before we will copy the record. You must pick up the copied medical records in person. We will not give your records to another person unless you have authorized in writing that we may release the records to someone other than you. That person must present identification before we will release the records to him/her. We will not mail, email, or fax a copy of your records to another business who has not first provided us with a Medical Records Release form signed by you within thirty (30) days of the request for records.

19. Photo Release. GSHCG is a nonprofit charity and from time to time conducts marketing activities to promote its services to donors. Marketing activities may include photographs, videos, and voice recordings. Unless you specifically refuse to appear in the marketing activities, it will be assumed you have given consent for your image to be included in marketing activities. Your identifiable personal and confidential information will never be included in our marketing activities without your written consent.

20. Research. GSHCG is a nonprofit charity and from time to time conducts research activities to fulfill its obligations under scientific grants. Your anonymous health information may be included in research results and reports provided to grant funders. Your identifiable personal and confidential information will never be included in research reports.

21. Dismissal Policy. Failure to adhere to Patient Policies may result in dismissal from GSHCG for you and your immediate family. Unruly, disruptive, and threatening behavior will result in dismissal from GSHCG. We also expect you to participate and cooperate with your treatment. Repeatedly failing to participate and cooperate with medical and/or dental care and instructions, especially if that failure results in your medical instability, may result in dismissal. If dismissal were to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical and/or care. During that 30-day period, our physician or dentist will only be able to treat you on a medically necessary basis.

22. Right to change policies. We reserve the right to change these and all other office policies and prices without prior notice.

I have read and understand GSHCG's Patient Policies and agree to abide by its guidelines:

Signature of Patient or Responsible Party

Date