



HOPE FAMILY HEALTH CENTER REGISTRATION FORM

(Please Print)

Today's date:	Date of First Appointment (Office Only)
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PATIENT INFORMATION

Patient's last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
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Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Street address:	Social Security no.:	Home phone no: Email:
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P.O. box:	City:	State:	ZIP Code:
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Occupation:	Employer:	Employer phone no.:
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Chose clinic because/Referred to clinic by (please check one box):

Family Friend Close to home/work Yellow Pages Other

Dr. _____ Hospital

Other family members seen here:

Have you ever been a patient of HOPE? Yes No (If yes, last date seen) _____

Are you a patient of any other clinic besides HOPE? Yes No (If yes, where) _____

HOUSEHOLD INFORMATION/MEDICAL COVERAGE INFORMATION

Are you insured (including Medicaid/Medicare) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Hidalgo County Indigent Healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Occupation:	Employer:	Number of persons in household:	Sources of household income: <input type="checkbox"/> Unemployment <input type="checkbox"/> TANIF <input type="checkbox"/> Social Security
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HOPE SERVICES

What services would you like to receive? Medical Counseling

IDENTIFYING INFORMATION – MUST BE PROVIDED PRIOR TO SEEING PHYSICIAN/THERAPIST

Please Provide the following: **Proof of Identification** (State ID /License; Birth Certificate, School ID, or Election Card)

Income Verification (W2, 3 pay stubs, Unemployment Benefits, etc)

Proof of Residency (proof of address on bill, receipt, etc)

PROCESS OF ENROLLMENT/HOPE POLICY

Once this form is received by HOPE and information is entered into our system patients are called for appointment. Medical providers are volunteers and appointments are based on their availability. We do not accept walk ins for counseling or for medical.

Additional medical information forms will be completed at the first time of visit.

HOPE is a medical home and it is HOPE's policy to have patients' medical and counseling needs met at one clinic. Patients are asked to bring all medical records to initial visit as well as medication to every visit with the physician. Patients are asked to leave a donation for HOPE services at each time of their visit (preferably \$5-\$10). HOPE is not responsible for the payment of medical procedures/referrals

Referrals for all procedures outside of HOPE Clinic are the financial responsibility of patients.

The above information is true to the best of my knowledge. I understand that I am financially responsible for any procedures outside of HOPE volunteer's donated medical and counseling care

Patient/Guardian signature

Date

Please initial the form provided to you indicating you have read through and understand the below information.

___ I have read and I understand that the physicians of HOPE are volunteers

___ I understand that HOPE providers may discuss my health with each other with my best interest in mind.

___ I understand my rights as a patient

___ I understand my case will be closed if I miss or cancel three appointments

___ I understand HOPE may refer me to a specialist outside of the clinic and if I need assistance with this referral I must speak to a Care Coordinator/Case Manager

___ I understand HOPE will not pay for any referrals not provided by HOPE, signed by HOPE, or approved by HOPE

___ I understand if my specialist or third party refers me to another doctor or for additional testing/lab work I am responsible for that payment and I will not ask HOPE to pay for the expenses not approved by HOPE staff.

___ I have updated my contact information and I understand I will be responsible for updating any contact information in the future.

___ I understand that I am responsible for a \$5-\$10 donation for services at the clinic.

___ I understand that once I am referred I am responsible for keeping my appointments.

___ I understand that not keeping my appointment may void any future appointments or assistance by the organization

Acknowledgement of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for HOPE Family Health Center detailing how my information may be used and disclosed as permitted under federal and state law.

Signed: _____ Date: _____

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

Patient:

Relationship:

Release of information:

I _____ allow _____, who is my _____ to call and request information about my health.

(Date)

NOTE: this release of information form will be valid for 12 months from the date signed. The form will be updated annually.

Hope Family Health Center physicians are volunteers and are covered under the Texas Immunity Volunteer and Protection Act.

HOPE Family Health Center provides integrated care. At times the medical provider may need to consult with a Behavioral Health Provider with your best interest in mind. Providers will only discuss vital information for your well-being and according to your health plan.

Patient Notice of HIPPA and Data Sharing

Community HOPE Projects Inc., DBA Hope Family Health Center, is a 501c3 not for profit organization.

HOPE Provides medical, counseling, case management, peer support, and integrated services to the uninsured living in the Rio Grande Valley, Texas. HOPE's physicians are volunteers at the organization.

This notice describes how medical information and data about you may be shared between HOPE volunteer physicians, case managers/care coordinators, behavioral health specialists and psychotherapists, and support health staff as a way to enhance or coordinate your care.

Please read carefully.

The more complete information your health care providers have, the better they can meet your health care needs. Sharing information and data with HOPE's integrated team can lead to better coordination of your health.

All health records are maintained electronically and in a paper file. Should at any point a physician, psychotherapist, physician's assistant or other health care provider see a need to consult a HOPE provider in order to better serve your health needs, they will do so. **This exchange of information will only be conducted in the interested of the health of the patient.**

This information may include health care claims information or medical data resulting from medical encounters, treatments, diagnostic tests, screenings, prescriptions, or Patient-Centered Medical Home and other case management programs and activities (Care Management, Care Coordination, Disease and Case Management).

It also may include the results of your Health Risk Assessment and/or Wellness Screening provided through a referral partner. Information received by HOPE cannot and will not be used for any other purpose than enhancing and coordinating your health care. The sharing of this information is also subject to the privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state privacy laws. You may Opt-Out of information sharing by CareFirst for these care coordination purposes

Hope Family Health Center is an Integrated Clinic, you have the right to opt-out of the sharing of this information or from any services provided by the organization. To opt-out, complete, sign and return the opt out form. When you submit this form, you also end participation in any of the clinic's services aimed at providing integrated health care. If you opt-out, your treating providers – medical or behavioral health - will not have access to the data or information vital to your overall health.

All patients of HOPE Family Health Center have rights and responsibilities.

Patient Rights

- To be provided with courteous, considerate care, as well as being treated with respect.
- To privacy and confidentiality with regard to treatment and medical records.
- To review your medical records in the company of a professional and to request a copy of these forms (please allow 6 working days).
- To be informed of the effectiveness of treatment, and to know of possible risks, side effects or alternate methods of treatment.
- To know who is treating you.
- To refuse treatment, or to ask for a second opinion, or an alternative course of treatment, and to be informed of the medical consequences of your actions.
- To be informed of personal responsibilities involved in seeking medical treatment and maintaining health and well-being after treatment.
- To bring any dissatisfaction to the attention of the attending Executive Director and/or Board of Directors of the organization.
- Accept personal financial responsibility for charges by referral partnering agencies and physicians, laboratories, hospitals and physicians.
- To bring all medications to appointments.
- To let the organization know if insurance is obtained at any point.
- To sign a safety contract when necessary.

Patient Responsibilities

- To present accurate identifying information. This includes information about his/her health condition, any medications, including over the counter products and dietary supplements, and any allergies or sensitivities.
- To present details of illness or complaint in a direct and straightforward manner.
- To cooperate responsibly with all persons involved in the health care process.
- To keep appointments on time.
- To cancel appointments only when absolutely necessary, and far enough in advance so that other patients might utilize that time.
- To donate \$5-\$10 for services received at HOPE.
- To be financially responsible for lab services, referral services and specialty care.
- To comply with the treatment plan provided by the health professional.
- To attend all appointments regarding the health plan provided including off site appointments.
- To ask for clarification whenever information or instructions are not understood.
- To provide both positive and negative feedback to the health professional responsibly for care.
- Be respectful of all health care professionals and staff, as well as other patients.
- Let HOPE Family Health Center Staff know of any other individual (spouse, parent, etc.) who has the right to review your medical form.
- Bring all medications to all appointments.
- Let the clinic know at least two weeks in advance if you will need a refill of any medication.

HOPE Family Health Center Responsibilities and rights

- Treat patients with respect and courtesy to enhance their dignity and health.
- Treat all patients without regards to age, race, ethnicity, sexual orientation, sex, marital status, or socioeconomic status.
- Explain all health options available and ensure you understand your health.
- Provide a clean and safe environment for your care.
- Discuss patient health plans in order to help patients achieve greater health goals
- Offer health alternatives to patients.
- Reschedule patients when a provider is unavailable
- Ask patient's for a donation for services and ask patients to be financially responsible for their health.
- Close a patient's case if a patient misses more than three (3) appointments
- Close a patient's case if a patient does not respect the organization or the staff/volunteers.
- Provide alternative options/clinics for patients
- Close a patient's case if they become insured.
- Ensure the safety and well-being of all patients.

As a reminder:

- Hope Does not treat any emergencies.
- If you have an emergency you must seek treatment in an emergency room or call 991
- The clinic does not treat walks who are not currently hope patients.
- The clinic currently (as of 1/2017) does not have a pediatrician on site.
- Generally the clinic does not dispense any medication. Filling a prescription is the patient's responsibility.
- HOPE does not honor prescriptions that are written by a non-HOPE medical provider.
- HOPE makes copies of each prescription written for patients to ensure medical records are correct.
- The clinic does not prescribe or carry any narcotics.
- Among others, Hope helps patients with Diabetes, Hypertension (high blood pressure), Cholesterol, and Thyroid disorders need chronic disease management, including regular monitoring, prescription adjustment, and education.
- HOPE treats seasonal acute episodic conditions such as upper respiratory infections in winter and allergy/sinus complaints in spring and summer.
- HOPE provides some referral services to specialty care providers.
- HOPE provides some pregnancy testing, some PAP smears.
- HOPE helps patients apply for insulin prescription assistance from pharmaceutical companies.
- HOPE encourages weight loss and smoking cessation.
- HOPE diagnoses and treats urinary tract infections.