



Patient Consents and Acceptance of Clinic Policies

This form has information that patients of Virginia Garcia Memorial Health Center (VGMHC) need to know to have the best patient experience possible. Please read this form to understand our policies and consent to care at VGMHC.

Patient Rights and Responsibilities

Patients of VGMHC have certain rights and responsibilities. These rights and responsibilities are available to you at any clinic, in a new patient packet, and posted in our waiting rooms. Let us know if you have any questions.

Notice of Privacy Practices

VGMHC protects your health, financial, and personal information as required by state and federal laws. Our Notice of Privacy Practice (NPP) is provided in person or electronically at your first visit, is in every waiting room, and can be found on our website. The NPP explains how VGMHC may use and share your personal information.

Our clinics are part of an organized health care arrangement including participants in OCHIN, the organization that supports our electronic health record. As part of this arrangement, your health information may be shared by VGMHC with other OCHIN clinics for health care treatment, payment, and operations as allowed by HIPAA and 42 CFR Part 2. A current list of OCHIN clinic participants is available at www.ochin.org.

Patient Centered Primary Care Home

VGMHC is recognized as a Patient-Centered Primary Care Home (PCPCH) by the Oregon Health Authority. A PCPCH is an organization that is recognized for their commitment to putting the patient at the center of care, and includes: coordinated care to help you get the services you need, listening to your concerns and answering your questions, offering after-hours help and alternatives to the emergency room, and encouraging you to be an active member of your health care team.

After-hours Care

You will have access to a provider or someone on the care team 24 hours a day. For urgent issues after hours, current patients can call 800-876-6577 to speak with a provider. If you are experiencing a medical emergency please call 9-1-1.

No Show Policy

Sometimes unexpected events prevent you from getting to an appointment. If you will be late or miss an appointment, tell us as soon as possible so we can make your appointment available to someone who needs it. Patients with multiple missed appointments may have their ability to schedule future appointments limited.

Treatment of Minors

Parents or legal guardians of patients under 15 years old should come to the clinic with their child to provide health information and to consent for care, unless otherwise specified by Oregon law. If a parent or legal guardian is not able to be with the child, you may allow another adult to come in your place by signing a *Minor Consent to Treatment* form available at the clinic or on our website.

Reproductive Health Services

VGMHC offers comprehensive reproductive health services including: prescribing or administering birth control; physical exams, screening and treatment for sexually transmitted infections (STIs); testing for cervical cancer; pregnancy tests; referrals to other services; and counseling on birth control, getting pregnant, and healthy pregnancies.

All services are voluntary and you can ask questions and refuse any birth control method. You do not have to accept reproductive health services to be eligible for or to get services, assistance, or to participate in any other programs.

MyChart

VGMHC offers a patient portal to give you free secure access to your medical and dental records online or on a mobile phone app. You can send messages directly to your care team, request prescription refills, schedule and cancel appointments for you and your family members, and have a video visit with your provider instead of coming into the clinic. Call us at 503.359.5564 or email the MyChart team at mychart@vgmhc.org to sign up.



Patient Consents and Acceptance of Clinic Policies

Fees and Discounts

Patients who want a sliding fee discount should bring proof of income to every visit. Ask to speak with registration, or call our billing department at 503-352-8610 Option 1, to discuss options if you do not have proof of income.

Patients that do not want a discount are not required to present proof of income, but will still be asked to report household income as required by our grant funding. Your income information is confidential.

Federal Poverty Level (FPL) guidelines are used to determine the discount you receive at VGMHC, based on family size and income. There is no discount for patients who are above 200% FPL. Patients at or below 100% FPL are charged a nominal fee. The nominal fees for medical visits, mental health visits and dental visits are different. You can ask the front desk or call the billing office about these fees. The nominal fee is due on the day of service.

There is no charge or nominal fee for patients enrolled in Oregon's Reproductive Health Program for eligible visits.

You may be charged additional fees for supplies, medications, immunizations, or other equipment.

Please call our patient accounts office at 503-359-8538 with any questions about fees or payments.

Insurance

If you have insurance, bring your insurance card to each visit or upload it in MyChart. Although we are contracted with some insurance carriers, our services may not be covered by your insurance plan. All charges not covered by your insurance plan are your responsibility.

Patients without insurance are screened for eligibility in Medicaid and other health coverage. If eligible, you will be offered assistance to apply for those programs.

Lab Information

Some lab tests may be done in the clinic while others must be sent to outside laboratories. The outside lab will bill your insurance and if you do not have insurance, you will get a separate bill from the lab and are responsible for making payment to them. The labs VGMHC works with offer sliding fee discounts based on income and family size.

Patient Acceptance and Consent

My signature or the documentation of verbal agreement indicates:

- This document was shared in writing or was read to me in a language that I understand.
- I understand that my health information may be shared only as allowed by state and federal law and I have been offered a Notice of Privacy Practices (NPP).
- I consent to medical, dental, and/or behavioral health treatment by VGMHC providers. I also authorize treatment by other health professionals and those in training under the supervision of a licensed clinician or provider.
- I understand that reproductive health services at VGMHC are voluntary, and I do not have to get any care I don't want.
- I accept responsibility for all charges not covered by my insurance or other source of financial assistance I have been found eligible for. I authorize VGMHC to release all information necessary to my insurance or other funding program to make payment. I authorize payment of insurance benefits to be made directly to VGMHC for services received.

This authorization remains in effect from the date signed and may be canceled in writing.

Print Name of Patient or Authorized Representative

Patient Date of Birth

Signature of Patient or Authorized Representative

Date