



VALLEY COMMUNITY HEALTHCARE

Patient Consent to Clinic Policies & Acknowledgement of Services and Confidentiality

This form is intended to provide information to all Valley Community Healthcare (VCH) patients in order to ensure each patient receives the best healthcare experience possible. Please read this form to learn about our policies and services, and your rights and responsibilities as a patient. After reading, please sign the final page to acknowledge your understanding and consent. Please let us know if you would like us to answer any questions, or to receive a blank copy of this form and/or any attachments for your own files.

Scope of Practice

Care at VCH is provided by a combination of physicians, mid-level practitioners and/or paraprofessionals. Mental health and substance abuse counseling are available, provided by Behavioral Health Services. If a patient is found to require treatment beyond the scope VCH can provide, appropriate referrals will be made. The patient will be held financially responsible for the cost of referred services. VCH does not provide any controlled substances or psychotropic medications. VCH is not a walk-in urgent care facility or crisis center. Any medical treatment or medication may cause an adverse reaction in a small percentage of people. Some diseases/medications (ex. Rubella) may cause birth defects if contracted/taken during pregnancy.

Client Rights and Responsibilities

Patients receive an informational hand-out regarding their rights and responsibilities as patients at VCH during their initial patient registration along with this consent form. As a VCH patient, you are responsible for complying with these rights and responsibilities. Please contact the clinic manager if you have any questions regarding these rights and responsibilities. If you find that the rights and responsibilities form is not present in your packet, please ask the reception desk for a copy.

No VCH employees are ever permitted to force or coerce any patient into receiving any service, engaging in any sexual activity, or using any specific form of birth control against their will. In addition, it is illegal for a healthcare provider to pursue or engage in a social or sexual relationship with patients or former patients. Public intoxication is a crime and is NOT permitted at any VCH location. Patients found to be intoxicated are asked to reschedule. Patients exhibiting regular inappropriate behavior, making verbal/physical threats, or sexual advances or remarks to VCH staff or patients will have their services terminated. In accordance with CA Labor Code all VCH sites are non-smoking areas. Patients interested in quitting are encouraged to call the CA Smokers' Helpline at 1-800-668-8887 or ALA Freedom from Smoking Program at 1-800-526-4218.

Non-Discrimination in Services

VCH shall not discriminate in provision of healthcare services on the basis of race, ancestry, national origin, ethnic identity, color, medical condition, disability (including AIDS), age, veteran status, gender identity, sex, religion, marital status, sexual orientation, genetic information, or ability to pay for services.

VCH offers access to interpreter services for non/limited English-proficient (LEP) members and deaf/hard-of-hearing members during business hours through managed care programs. In order to care for patient needs, most staff members at VCH are bilingual in English and Spanish. In addition, we provide Spanish-language brochures, handouts, and other materials. For more information, please see Member Services.

Minor Consent Rights and Treatment

Parents/guardians of patients under 18 are responsible for coming to the clinic with the patient at the time of service in order to give consent for diagnosis and treatment, unless otherwise specified by law. Minors are permitted to sign for some sensitive services without parental notification or consent, depending on age and situation but are still encouraged to involve parents in all aspects of healthcare.

For a detailed list of minor consent rights, consult guidance provided by the National Center for Youth Law at youthlaw.org/. Minors of any age may consent to medical care related to:

1. The prevention or treatment of a pregnancy and reception of birth control;
2. Diagnosis, treatment and collection of medical evidence with regard to sexual assault and/or rape;
3. Emergency medical services if parents or guardians cannot be contacted; and
4. Skeletal x-rays for the purposes of diagnosing child abuse or neglect.

Mandatory Reporting Compliance

VCH is a mandated reporter of suspected rape, child/elder/dependent adult abuse and domestic violence. In addition, any CA healthcare provider must make a report if he or she “reasonably suspects [the patient] is suffering from any wound or physical injury as the result of assaultive or abusive conduct”. Federal regulations require providers to notify the patient if a report is being filled, unless disclosure would place the patient at risk or it is deemed against the patient’s best interest to notify the designated personal representative. VCH practitioners will provide counsel to patients according to procedure guidance, prioritizing the safety and well-being of the patient and any involved dependents.

The LA County Department of Health Services must be notified of any positive communicable disease (i.e., tuberculosis, chlamydia). An HIV test will be included in the lab panels ordered by practitioners, and given annually, unless the patient states that they do NOT wish to have it done.

Confidentiality of Patient Information

To best serve our patients, VCH needs accurate and up-to-date contact and identification information. Bring verification for all medications and all pertinent information about your current health to your initial registration and every appointment.

We are committed to protecting the Personal Health Information (PHI) of our clients in all settings in which such information is received or disclosed. VCH is authorized to use PHI in the course of normal business activities including treatment, payment, and healthcare operations, and as provided by the law. VCH will not disclose, sell, or otherwise use your PHI unless permitted by law for the purpose of personal safety and to the extent necessary to administer your benefit.

VCH will obtain written authorization from you prior to using your PHI for any other purpose. VCH will not release your PHI to your employer without your specific authorization, unless permitted by law. For any clients unable to give consent, there is a procedure in place to protect your rights by permitting your legally authorized representative to give consent on your behalf. Under the Health Insurance Portability and Accountability Act (HIPAA) patients entitled to the following rights regarding their PHI:

1. The right to request how their PHI is delivered.
2. The rights to access, inspect, and/or obtain a copy of their PHI (within certain time periods).
3. The right to request that VCH restricts use or disclosure of PHI (in certain circumstances). VCH is not obligated to agree to requests; all requests are evaluated as required under HIPAA.
4. The right to request that VCH amend inaccurate or incomplete PHI maintained by VCH. VCH may deny the request for amendment in certain circumstances.
5. The right to receive an accounting of disclosures (within certain time periods).

To exercise your rights, contact your PCP or the Chief Operating Officer.

Fee Policy

All patients who want a sliding fee discount are required to provide proof of household income at registration and every 12 months. Patients who do not want a discount are not required to present proof of income. Failure to provide adequate proof of income disqualifies the patient from receiving discounted services. We receive some of our funding from grants which also require us to ask for income information to prove financial need in the communities we serve. You may be asked for this information for this purpose, and your information will remain confidential.

The Federal Poverty Level guidelines are used in determining the amount of the discount. Patients who are determined to be at 251% of the poverty level or above will not receive a discount on charges. Patients who are at 100% of the poverty level or below receive a 100% discount and are charged a nominal fee for Dental Provider visits, except for patients who qualify for Title X programs. Patients will be charged for additional services received such as supplies, medications, immunizations, or others provided during or as a result of the visit. A fee of \$15.00 may be charged for appointments that are missed and not cancelled 24 hours prior to the appointment time.

All patients without insurance must be screened for enrollment in Medicaid or other programs. If eligible, patients are asked to apply for those programs. Patients are expected to pay the minimum or nominal fee on the day of service. If the patient has medical coverage (e.g., private insurance, Medicare, Medicaid, etc.) current verifiable proof must be brought to each visit.

Patient Grievance Procedures

All patient complaints are addressed promptly and appropriately according to board-approved policies and procedures. Patients can expect their complaint to be acknowledged within one week of receipt. Complaints will be fully investigated in a timely manner with the goal of resolving the issue to the best of our ability. Complaints regarding VCH services may be filed in writing via mail (6801 Coldwater Canyon, N. Hollywood, CA 91605), dropped off in person at that address, or faxed to (818)736-7231. If you have a complaint regarding how your PHI was used and/or disclosed, you may file a grievance at any time; the outcome will be delivered to you in writing according to VCH policy. A complete copy of the VCH Privacy Notice is posted on clinic property. For a personal copy, ask at the reception desk or check the website at www.vchcare.org/. Patients with grievances who received services via Division of HIV & STD programs may call the program's Grievance Line at (800)260-8787. Patients with complaints or grievances involving the County of Los Angeles may contact the Dept. of Health Services at (213)240-8101.

If you feel that you have been discriminated against, please contact the President/CEO at (818)763-1718. If you feel dissatisfied with the resolution of services provided by VCH, VCH personnel may direct your discrimination claim to the Director of the Department of Health Services.

Patient Acceptance and Authorization

By reading and signing this form I accept my rights and responsibilities as a patient and consent to the treatment and services provided by VCH. I accept full responsibility for all charges whether or not they are covered by insurance. I authorize VCH to release any information requested by my insurance company in order to make payments. I acknowledge receipt of above-mentioned educational materials.

I have read and understand the above information and hereby give lifetime authorization for payment of insurance benefits to be made directly to VCH for services rendered.

 Patient/Guardian Signature

 Printed Name

 Date

 Witness Signature

Date Revised: 01/01/16

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