

HealthNet of Rock County, Inc.

1344 Creston Park Dr. Suite 2 Janesville, WI 53545

Phone: 608-314-1940

www.healthnet-rock.org

HealthNet of Rock County, Inc. is a non-profit, volunteer based, free medical and dental clinic dedicated to providing health and dental care services to the uninsured and low-income individuals of Rock County.

We DO NOT provide urgent or emergent treatment.

Our Responsibility to you as a patient :

1. Cleaning, Exam, Extractions, Fillings, Fluoride treatment and Sealants
2. Referrals to Specialist when available.

Your Responsibility to HealthNet and our staff/volunteers :

1. Keep your scheduled appointments:

Failure to keep your schedule appointments will result in suspension of HealthNet Dental Services. If you are a no show to a schedule appointment or call less than 24 hours prior to your appointment time to cancel, services are suspended as follows:

First occurrence: 6 months suspension of services.

Second occurrence: Dental services will be terminated for **12 months** from occurrence date.

Third occurrence: Should this happen, **patient will be discharge as a patient indefinitely.**

2. Outside Provider Appointments:

HealthNet will not assume responsibility of any charges incurred from any appointment or Procedure that is not authorized by a HealthNet representative. A referral form is required before any services are rendered. The patient is responsible for picking up the referral form at our clinic and bringing it along to their appointment.

3. Providing updated of current financial or personal information:

HealthNet must be notified of any changes in employment or income. You would need to supply a copy of current paystub to HealthNet for changes in wages for anyone within the household. Happening of such may make you eligible for government assisted programs and ineligible for our services. If at any time you become eligible for private insurance, we must be notified. All changes of address or phone numbers need to be updated immediately.



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4. Treat HealthNet Representatives with Respect:

HealthNet of Rock County Inc, is a volunteer-based organization. We are only able to provide these services if you treat our volunteers and staff with respect. These health care professional are donating their time and services that others in this community are charge for. Let them know that you appreciate them by showing them patience and gratitude. If you mistreat one of our volunteers or staff members, **YOU WILL NO LONGER BE ELIGIBLE FOR OUR SERVICES.**

I understand that HealthNet of Rock County, is a nonprofit free clinic and does not provide insurance coverage.I understand that HealthNet may be unable to meet all the health needs I may have. I also understand that HealthNet of Rock County Inc, does not assume responsibility for referrals procedures that are arranged outside of the HealthNet clinic and are not responsible for charges that may accrue.

As a patient at HealthNet, I agree to all of the contractual agreements listed above. I am aware that my family and I may no longer be eligible for any services at HealthNet of Rock County Inc, provides if i fail to comply with the above policies.Furthermore, I certify that the information I have provide to HealthNet is current and correct. HealthNet of Rock County,Inc. reserves the right to verify any information I have provided.

BY SIGNING THIS DOCUMENT YOU ARE AGREEING THAT YOU HAVE NO DENTAL INSURANCE, OR HAVE DENTAL COVERAGE THROUGH MEDICAID AND YOU ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE.

Signature (Patient,Guardian,or family representative)

Today's Date

Healthnet Representative Signature

Today's Date



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Medication Supply Notification

As a patient of HealthNet of Rock County, Inc. it is your right to be aware of the source of the medications that you receive as well as other practices employed by HealthNet of Rock County, Inc. It is your right to deny medications provided to you and request that prescriptions be transferred to a pharmacy of your choice if you so choose. Please be aware that HealthNet of Rock County, Inc. does NOT provide financial assistance of any kind for medications provided outside of our facility.

Medications supplied to patients of HealthNet of Rock County, Inc. are obtained from the following sources:

- Pharmaceutical Companies participating in the Patient Assistance Program (free of charge)
- Purchased by HealthNet from pharmaceutical distributors
- Donated samples by medical clinics and pharmaceutical representatives (free of charge)
- Donated opened/unopened medications from community members and medical facilities (free of charge)

It is the policy of HealthNet of Rock County Inc. to have trained pharmacy staff inspect all donated medications for safety prior to being dispensed to patients. HealthNet of Rock County, Inc. also protects the confidentiality of medication donors to ensure compliance with HIPPA laws regarding the sharing/disseminating of medical information.

Additionally, per approval of the board of directors, HealthNet of Rock County, Inc. may dispense medications up to one year past the manufacturers indicated expiration date on medications that do not have a narrow therapeutic index. This decision is based off of numerous studies in the medical community looking at the effectiveness of medications past their expiration date.

By signing this agreement, you state that you have been made aware of the possible sources that medications provided to you originate from and that you are aware of HealthNet of Rock County, Inc.'s policy on the use of expired medications. You are also aware that you have the right to request written prescriptions for medications prescribed to you to have filled at a pharmacy of your choice at your expense if you so choose.

Patient Name (Printed): _____

Patient Signature: _____ Date: _____

Legal Guardian Signature _____ Date: _____
(if patient under 18 years of age)



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STANDING AUTHORIZATION TO RELEASE MEDICAL INFORMATION

HealthNet of Rock County, Inc. is committed to keeping your private medical information private. However, it is your right to determine if others can be privileged to your medical information. You have the option to indicate others that may have access to your medical information and you may also revoke these privileges of anyone you indicate at any time in writing.

Additionally, you may also indicate individuals that may pick up medications and other forms, lab sheets, etc. on your behalf. Please be aware though that we require patients to pick up their own medications a minimum every 2 months. Also, please be aware that if you allow another individual to pick up your medications on your behalf, you cannot hold HealthNet of Rock County, Inc. responsible for missing medications. You are also aware that if you do not pick up your medications in person and signatures on prescription assistance program medications are needed, you may not be able to receive that medication at your next pick up.

This authorization will be valid for 1 calendar year from the signing date.

I authorize the following individual access to medical information as specified and understand that HealthNet of Rock County, Inc. cannot be held liable for any re-disclosure of information by this individual:

Name: _____ Relation: _____

- Individual may:
- Request medical information on my behalf
 - Pick up my medications on my behalf
 - Pick up forms/files which may disclose my medical information
 - Discuss my medical care with HealthNet staff (lab results, treatment plans, medications, etc.)
 - Other (please specify): _____

I do not wish to indicate another individual access to my medical information or to pick up my medications on my behalf at this time.

Patient Signature: _____ Date: _____

Authorization is valid for 1 year from the signing date and can be revoked at any time.