



CHART # \_\_\_\_\_

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.

**HealthNet provides Medical, Dental, Vision and Medication services to our patients.**

*We DO NOT provide urgent or emergent treatment.*

Your Responsibility to HealthNet and our staff/volunteers:

**1. Appointments:**

Failure to keep your scheduled appointment will result in suspension of HealthNet services based on program – **Medical, Dental, Case Management and Medication**. If you are a no show to a scheduled appointment or call less than 24 hours prior to your appointment time to cancel, services are suspended as follows:

**Medical and Dental**

**First occurrence:** 6 months' suspension of services at the clinic of occurrence – Medical or Dental.

To prevent suspension as a HealthNet patient, you can write a letter explaining your missed appointment. At the discretion of our staff, you will be permitted to continue receiving HealthNet services. Any further missed appointments will result in an automatic 6-month suspension. Letters should be addressed to: 23 W. Milwaukee St., Janesville, WI 53548

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

**Third occurrence:** Should this happen; patient will be discharged as a patient indefinitely.

**Case Management** – Three strikes and you're out policy. If 3 appointments with outside providers and/or our Case Manager are missed, an indefinite suspension of services will occur.

**Medications** MUST be picked up on a monthly basis during one of our scheduled medication pick-up date/times. Failure to do so could result in a patient not receiving their medications until seen by a provider or suspension of this service entirely. HealthNet will not release medications that have not been picked up past 60 days.

**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 form at our medical clinic and bringing it along to their appointment.

**3. Providing update 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 your 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 professionals are donating their time and services that others in this community are charged 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!

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and their individually identifiable health information used or disclosed by us in any form , whether electronically, on paper or orally be kept confidential. A copy of this policy is available at your request.

The providers and staff of HealthNet of Rock County, Inc. may release medical information on my behalf to the following individual(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**I understand that HealthNet of Rock County, Inc. 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 referral 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 stated policies. Furthermore, I certify that the information I have provided 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 HEALTH CARE INSURANCE AND YOU ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE.**

\_\_\_\_\_  
Signature (Patient, Guardian, or Representative)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
HealthNet Representative Signature

\_\_\_\_\_  
Today's Date