



Free Clinic of Simi Valley Face Sheet

DATE (FECHA): _____

Patient Demographics

Patient Name (Nombre Del Paciente): _____
DOB (Dia De Nacimiento): _____ Age (Edad): _____ Gender (Sexo): _____

Marital Status (Estatus Marital): _____

Home Address (Dirección): _____
City (Ciudad): _____ State (Estado): _____ Zip Code (Código Postal): _____

Telephone Number (Número De Teléfono): _____

Race
(Raza):

Caucasian
Black
Asian
Native American
Pacific Islander
Other (Orto): _____

Ethnicity
(Origen Étnico):

Hispanic/Latino
Not Hispanic

Language
(Lengua): _____

Referred By
(Referida Por):

Conejo Free Clinic
Dental Clinic
Drive By
Family (Familiar)
Friend (Amigo)
Medi-Cal
Other (Otro): _____

Have you been vaccinated for COVID-19? Yes No
¿Estas vacunado contra COVID-19? Si No

Email Address (Correo Electrónico): _____

Emergency Contact - Name, Phone Number, Relationship
(Contacto De Emergencia - Nombre, Número De Teléfono, Relación): _____

Employment/Household

Employer Name
(Nombre De
Empleador): _____

Employment Status
(Situación Laboral):
Unemployed (Desempleados)
Disabled (Desapacitados)
Full Time (Medio Tiempo)
Part Time (Tiempo Parcial)
Retired (Retirado)
Student (Estudiante)
Other (Otro): _____

Job Title
(Tipo De Trabajo): _____

Health Coverage
(Cobertura Médica):
Medi-Cal
Medi-Care
Private Insurance
(Aseguranza Privada)
None
Other (Otro): _____

Number of
Dependents in
Household
(Número De Personas
Dependientes En El
Hogar): _____

Household Yearly Income
(Ingresos Anuales De Los
Hogares): _____

Education
(Educación):
Grade School
(Escuela Secundaria)
Some High School
(Preparatoria Parcial)
High School
(Preparatoria)
Some College
(Universidad Parcial)
College Degree
(Universidad Completo)
Other (Otro): _____

Housing
(Tipo De Vivienda):
Apartment
(Apartamento)
Private Home
(Casa Propia)
Stay with a
Friend/Family (Con
Familia/Amigos)
Other (Otro): _____

Veteran
(Veterano/a):
Yes (Si)
No (No)

Please answer and circle all questions – Thanks!
¡Por Favor, responde y circule todas las preguntas – Gracias!

NOTICE OF PRIVACY OF PRACTICES FACT SHEET

THIS NOTICE BRIEFLY DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE FREE CLINIC OF SIMI VALLEY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. (Protected health information is information about you, including demographic information that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.) PLEASE REVIEW THIS NOTICE CAREFULLY. ATTACHED IS A MORE COMPLETE DESCRIPTION OF THIS INFORMATION.

If you have any questions about this notice, please contact our COMPLIANCE COORDINATOR at 522-3733

We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

For Treatment	As Required By Law Enforcement
For Payment	Military and Veterans
To Individuals Involved in Your Care or Payment for Your care	To Avert a Serious Threat the Health or Safety
To Determine Treatment Alternatives	To Workers Compensation
For Health-Related Benefits and Services	To Resolve or Prevent Public Health Risks
For Health Care Appointment Reminders	In You Are an Inmate
To Coroners or Medical Examiners	In Lawsuits and Disputes
For National Security and Intelligence Activities	For Health Oversight Activities

- You have the right to inspect and copy medical information that may be used to make decisions about your care.
- If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for the Free Clinic of Simi Valley; is not part of the information which you would be permitted to inspect id copy; or is accurate and complete.
- You have the right to request a list of the disclosures we made of medical information about you other that our own uses for treatment, payment and health care operations, as those functions are described above.
- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
We are not required to agree to your request. If we do agree, we will information is needed to provide you emergency treatment.
- You have the right to request that we communicate with you about medical matters in a certain way or at certain location.
- You have the right to a paper copy of this notice.

We reserve the right to change this notice. Each time Free Clinic of Simi Valley services are initiated, we will offer you a copy of the current notice in effect. If you believe your privacy rights have been violated, you may file a complaint with the Free Clinic of Simi Valley or with the: Secretary of the Department of Health and Human Services. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

I have read this notice and have received a full copy of the Free Clinic of Simi Valley "Notice of Privacy Practices" which more fully explains these practices, lists examples and provides phone numbers for contact.

Client Signature

Date



Notice to Patients

To be provided to the individual patient before health care services are provided, except in emergency cases when notice may be provided as soon after the emergency as is practicable

or

to a parent or legal guardian when the patient lacks legal responsibility for his/her care under State law.

This is to notify you that under Federal law relating to the operation of free clinics, the Federal Tort Claims Act (FTCA) , (See 28 U.S.C. §§ 1346(b), 2401(b), 2671-80) provides the exclusive remedy for damage from personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by any free clinic volunteer health care practitioner who the Department of Health and Human Services has deemed to be an employee of the Public Health Service. This FTCA medical malpractice coverage applies to deemed free clinic volunteer health care practitioners who have provided a required or authorized service under Title XIX of the Social Security Act (i.e., Medicaid Program) at a free clinic site or through offsite programs or events carried out by the free clinic (See 42 U.S.C. § 233(a), (0)).

Certain free clinic health care professionals providing health care services to patients at this free clinic may be covered by the above Federal law.

Acknowledged: _____ (Patient/Client Name Printed Clearly)

Signature: _____ (Patient/Client or Representative)

Date of Birth: _____ Today's Date: _____

[1] If the free clinic imposes charges based on a patient's ability to pay, this will negate the FTCA coverage of the volunteer(s) for the specific services for which the clinic received payment.

[2] A licensed or certified health care practitioner is an individual required to be licensed, registered, or certified by the State, Commonwealth or territory in which a Free Clinic is located. These individuals include, but are not limited to, physicians, dentists, registered nurses, and others required to be licensed, registered, or certified (e.g., laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists, and nutritionists). The definition will vary dependent upon legal jurisdiction.

[3] Examples of cases in which a free clinic could grant temporary privileges to a LIP in order to meet important patient care needs for a limited period of time include:

1. A current LIP becomes ill or takes a leave of absence, and another LIP is needed to cover patient care until the current LIP returns; or
2. A current LIP does not have the necessary skills to provide needed patient care.

**FREE CLINIC OF SIMI VALLEY & SIMI VALLEY HOSPITAL
ARBITRATION AGREEMENT**

This ARBITRATION AGREEMENT is entered into by and between Simi Valley Hospital & Health Care Services ("Hospital") and the patient whose name is provided at the end of this agreement ("Patient") regarding the medical services provided by the Hospital through the Free Clinic of Simi Valley.

Article 1. Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered by Hospital through the Free Clinic of Simi Valley were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2. All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by Hospital including any spouse or heirs of Patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "Patient" herein shall mean both the mother and the mother's expected child or children. By signing this agreement on behalf of some other person for whom responsibility is owed, then, in addition to the person signing this agreement, such other person(s) will also be bound, along with anyone else who may have a claim arising out of the treatment or services rendered.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against Hospital, and Hospital's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by Hospital to collect any fee from Patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3. Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator ("Party Arbitrator") within thirty (30) days and a third arbitrator ("Neutral Arbitrator") shall be selected by the Party Arbitrators appointed by the parties within thirty (30) days of a demand for a Neutral Arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the Neutral Arbitrator, together with other expenses of the arbitration incurred or approved by the Neutral Arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

The parties agree that arbitration will be conducted in Los Angeles, California. The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure Section 1283.05.

Article 4. General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

Article 5. Revocation: This agreement may be revoked by written notice delivered to Hospital within thirty (30) days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6. Retroactive Effect: If Patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment), Patient should initial below:

Effective as of the date of first medical services

Patient's or Patient Representative's Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I do not need to sign this agreement to receive medical services. I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

By: _____
Patient's or Patient Representative's Signature Date

By: _____
Hospital or Authorized Representative's Signature Date

By: _____
Print Patient's Name

Print or Stamp Name of Hospital's Authorized Representative

(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be given to the Patient. Original is to be filed in Patient's medical records.



Outside Resources Agreement

Your medical treatment is important to us and includes one or more of the following referrals below. This is to inform you of the limitations and possible costs involved.

The Free Clinic of Simi Valley provides many services to our patients. However, there is selection of specialties we do not provide on-site. The Free Clinic of Simi Valley only provides a referral urged by a licensed physician. The services that require outside resource referrals may include Cardiology, Endocrinology, Gastroenterology, Imaging, Orthopedics, Ultrasounds, and more.

CT, Dexa Scans, PET/CT, Mammograms, Ultrasounds, X-Rays, and more Imaging/Screening Options: It is the patient's responsibility to call to make an appointment on the flyer we provide. The services **are NOT FREE**. The patient is responsible to pay for the fees the imaging facilities ask for. **The Free Clinic of Simi Valley is NOT responsible** for any fees from the imaging facilities and **CANNOT** provide any form of payment to the patient(s).

Ventura County Healthcare Agency: When the physician requests to send a referral to Ventura county the agency will directly call the patient to schedule an appointment. The patient **must pay the fees** for the services. **The Free Clinic is NOT responsible** for any fees or bills the healthcare agency sends to the patient. The healthcare agency always lets the patient know beforehand how much the fees will be. If the healthcare agency does not let you know please ask them when they call to make the appointment.

By signing this document, the patient agrees and was notified of the fees the outside resource(s) may bill the patient and that the Free Clinic is not responsible for any fees.

Patient's Name: _____

DOB: _____

Signature: _____

Date: _____