



# Oklahoma City Indian Clinic

## Patient Service Agreement

### RIGHT TO REFUSE SERVICES

The Oklahoma City Indian Clinic reserves the right to refuse services to anyone for cause, which includes, but is not limited to, belligerent or abusive behavior; failure to comply with all 3<sup>rd</sup> party payer processes, (Indian Health Services is considered the payer of last resort); non-compliance with treatment; or any other violation of the Patient's Rights and Responsibilities.

### PAYMENT FOR SERVICES AT AN OUTSIDE HEALTH CARE FACILITY

If you go to or receive a referral from the Oklahoma City Indian Clinic to go to another health facility for services the clinic does not provide, please be advised that **you** are responsible to pay for cost of this care. If you have an alternate resource such as Private Insurance, Medicare or Medicaid, **you** are responsible for providing this information.

### CONSENT TO TREAT

The undersigned hereby gives consent to the staff of the Oklahoma City Indian Clinic for medical examination, treatment, laboratory services and professional services including, but not limited to, Behavioral Health Services, Dental and Optometry to the undersigned and/or minor child listed below.

### FINANCIAL RESPONSIBILITY / ASSIGNMENT OF BENEFITS / RELEASE OF INFORMATION FOR BILLING

I understand that the Indian Health Amendments of 1988, Public Law 100-713, requires the Oklahoma City Indian Clinic to seek and collect payment from any medical program that my minor children or I may be eligible to participate in and I assign benefits to the Oklahoma City Indian Clinic for services rendered. I understand that payment will be made directly to the Oklahoma City Indian Clinic. I authorize the release of any and all medical information necessary to process my claims. Fee information may be provided upon request.

### MAINTAINING "CURRENT MEDICAL PATIENT" STATUS

A "Current Medical Patient" is considered to be a patient who has been seen by a medical provider within the last year. By law, prescriptions *with refills* expire after one year. (Prescriptions for pain medication expire sooner.) In order to continue receiving medication, you must follow the provider's treatment plan and keep your appointments. If you have not been seen in over one year you will not be able to receive prescriptions.

### PATIENT INFORMATION BROCHURE

I hereby acknowledge receipt of the Oklahoma City Indian Clinic Patient Information brochure that outlines Patient Rights and Responsibilities, Generic Drug policy and additional departmental information.

### NOTICE OF PRIVACY PRACTICES

I hereby acknowledge receipt of the Oklahoma City Indian Clinic Notice of Privacy Practices at the **Oklahoma City Indian Clinic, 4913 W Reno, Oklahoma City, OK 73127** or via the internet.

### PRIVACY ACT ACKNOWLEDGEMENT

I have read the Privacy Act Notice. I have been informed that my record is or will be kept in the Health and Medical Records System at: **The Oklahoma City Indian Clinic, 4913 W Reno, Oklahoma City, OK 73127.**

I understand that the information given by me and/or collected and stored in my health record is necessary for Indian Health Service staff or Indian Health Service contractors to provide services for my health and well-being. Furthermore, I have been informed that my health record or any portion of my health record shall not be disclosed to another agency or person, unless specified as routine use (listed on the "Why We Ask Questions" notice) without my consent.

---

Patient's Name (**PRINT**)

Patient's Chart Number

---

Signature of Patient (or Parent/Legal Guardian for Minor)

Date

---

Signature and Title of OKCIC Staff Member or Contract Employee

Date