



SERVICES OF CULMORE CLINIC AND RESPONSIBILITIES OF THE PATIENT

The Culmore Clinic is a non-profit 501c-3 organization founded by an alliance of congregations, businesses, and individuals in the Bailey's Crossroads community and is supported by grants and donations from the area faith community. If you know of an individual or a business that would like to contribute, please ask them to contact the Culmore Clinic.

Physical Location:

FIRST CHRISTIAN CHURCH
6165 LEESBURG PIKE
Falls Church VA 22044

Phone: (703) 260-8413

Mailing address:

P.O. Box 8332
Falls Church VA 22041

The clinic is open on **Tuesdays** from 10am to 2pm and **Thursdays** from 10 am to 7 pm.

Who May Come to Culmore Clinic?

- We serve those who have no health insurance; who are low income; who live in Fairfax County, Falls Church City, or Fairfax City; and who are deemed medically appropriate. We do not treat all medical conditions due to limited resources.
- Adults 18 years or older only.
- **By appointment only**, no walk-ins.

Our Services:

- Medical Evaluation and Treatment for Adults – **We do not treat acute illnesses or injuries. For all medical emergencies call 911 or go to nearest hospital ER.**
- Labs – reduced fee (depending on tests requested).
- Prescriptions: The Clinic will write a prescription that can be filled at any pharmacy. However, we recommend that you get the prescription at Target, Costco, or Wal-Mart, which offer lower

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prices (on generics).

- Radiology – some tests free or on sliding scale.
- Specialty care –Specialty care is very difficult to access and Culmore Clinic is not able to guarantee the provision of such services to all patients. It is your responsibility to seek any additional health care that Culmore Clinic staff recommends and which we cannot provide.

Our Policies:

- We cannot provide all of the health care you need and you may be instructed to seek that care somewhere else. You are responsible for any healthcare the Clinic cannot provide.
- We comply with strict standards for privacy and confidentiality. However, at times, medical information may be shared with other medical doctors/nurses in order to provide appropriate care. This information will only be shared with your consent as noted below.
- If you cannot come to your appointment, please call (703) 260-8429 x 8413 at least 48 hours before your appointment so we may give the appointment to someone else on our long waiting list. We check our phone voice mail messages daily.
- If you do not let us know 48 hours before the appointment you will miss, we will view it as a missed appointment. A fee of \$15.00 will be charged for all missed appointments. If you miss 2 appointments, we will not give you another appointment. If you want to continue receiving care at the Clinic, you will need to make an appointment with the Clinical Director to request re-admission to the Clinic.
- Lab/Test results: Most results are received back at the Clinic within 7-10 business days and the Physician/Nurse Practitioner reviews the reports. If your results are normal, we will not call you; if you need to be advised further, we will contact you by phone or give you an appointment.
- You can obtain a copy of your medical record upon your providing a signed written request. However, it will normally take one week to provide that copy. If you want another party to receive this copy, you must provide a signed written request specifying the name of the party and, if via fax, their fax number. The fee for a copy of your complete medical record is **\$10.00 each**.
- If you want to change to another clinic or to a medical practice, you must promptly call the Clinic at 703-260-8429 x 8413 to advise us of this change. Upon entering under the care of another medical provider, you will no longer be a patient of the Culmore Clinic. Should you want to return to the Culmore Clinic, you will need to re-enter as though a new patient.

What you can do to help:

- ✓ Your telephone number - please make sure we have your CORRECT numbers in our file. If you change your telephone numbers, please let us know. When we cannot reach you, we cannot notify you of lab/test results or appointments with specialists.
- ✓ Come to your appointment on time. This time is being reserved FOR YOU. If you do not come on time, there is no guarantee that you will be seen that day. If you have repeated late

arrivals, you will have to meet with the Clinical Director to continue at the Clinic.

- ✓ We make every effort to see you on time for your scheduled appointment. However, sometimes the patient ahead of you may need more time due to an unforeseen medical condition. If you cannot wait, please let us know so we may re-schedule you.
- ✓ **Ask questions before you leave the Clinic – make sure you understand our instructions.**
- ✓ Take all prescribed or any other medications as prescribed or recommended to you. Please consult with a pharmacist regarding any prescribed, over-the-counter, or other alternative medications for potential interactions.
- ✓ Follow our advice regarding any medical treatment.

Privacy of Medical Information:

This notice describes the Clinic's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. This is under the guidelines and recommendations of HHS and HIPAA. In order to serve your medical needs, you are asked to authorize the sharing of limited personal medical information with other medical practitioners and services involved in the health care you receive at the Clinic.

Safeguards in place at our office include:

- Limited access to facilities where your medical information is stored.
- Policies and procedures for handling your medical information.
- Requirements for third parties to contractually comply with medical record privacy laws.
- All your medical files and records are kept on file.
- Your personally-identifiable medical information will not be disclosed to non-medical personnel outside the Clinic without your written permission.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us.
- From your medical history, treatment notes, all test results, and letters or faxes to or from other health care practitioners.
- From health care providers and other third part administrators (e.g. requests for medical records).

If you have questions about any of the above, let us know so we can help.

⇒ REMEMBER – your health depends on YOU taking care of yourself.



CONSENT FOR MEDICAL TREATMENT AND RELEASE OF INFORMATION

I consent to all outpatient medical care including, but not limited to laboratory procedures, blood tests, x-ray examinations, medical treatment or procedures rendered under general and special instructions of the physician, physician assistant, or nurse practitioner.

I understand that these services are limited and any abnormal diagnostic test that results in a referral to a consulting physician will be my responsibility to follow-up with recommended medical or surgical care.

If I leave the medical clinic without consent of the physician, physician assistant, or nurse practitioner and or fail to carry out general and special instructions of the physician, physician assistant, or nurse practitioner, I do so at my own risk and release my physician, physician assistant, or nurse practitioner; the Culmore Clinic; and their personnel from all responsibility for any adverse consequences.

In order for us to assist you in treatment, we must have your permission to share all or part of your demographic and/or medical information with other physicians, clinics, medical practices, or referral parties recommended by the physician, physician assistant, or nurse practitioner. You may request to withhold such information at any time by notifying the Clinic in writing although such request may terminate your relationship with the Clinic at the Clinic's discretion.

Pursuant to Virginia Law 32.1-45.1 any patient who exposes a health care provider or his employee/agent to body fluid in a manner which may transmit immunodeficiency virus (HIV), Hepatitis B or C virus is deemed to have consented to HIV, Hepatitis B and C testing and disclosure of the results to the person exposed. The deemed consent also applies to a healthcare provider who exposes a patient to a body fluid in the above stated manner.

I have read the above and foregoing, and the same is agreed to and executed freely and voluntarily by me.

CONSENT FOR RELEASE OF INFORMATION TO CULMORE CLINIC

I am a patient of the Culmore Clinic, which provides me with medical treatment and is my medical home. In order for the Clinic to manage my on-going medical treatment, I give my permission for you to provide the Culmore Clinic at the above address with the results of my tests/treatments for inclusion in my medical record.

SERVICES & POLICY AGREEMENT

I understand that Culmore Clinic cannot provide all the health care services that I may need.
I understand that I may be instructed to seek some or all of my health care elsewhere.
I understand Culmore Clinic policies including those regarding Privacy of Medical Information.

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SERVICES & REGULATIONS AGREEMENT

I have received and read the “**Services of Culmore Clinic and Responsibilities of the Patient**” that was provided to me by the Culmore Clinic staff.

I, (print name) _____ understand all of the above and agree to comply with the procedures outlined in the following documents that I have read and have been explained to me:

- **CONSENT FOR MEDICAL TREATMENT AND RELEASE OF INFORMATION**
- **CONSENT FOR RELEASE OF INFORMATION TO CULMORE CLINIC**
- **SERVICES & POLICY AGREEMENT**
- **INCOME INFORMATION**

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- **CONSENT FOR RELEASE OF INFORMATION (to Non-Medical Individual) Name:**

Patient Signature Date

Clinic Staff Signature Date

Clinic Interpreter Signature Date