



PATIENT RESPONSIBILITY FORM

INSTRUCTIONS: Patient please read, sign and return to Anchorage Project Access (APA).

No one is being paid for the healthcare you receive. Health care/dental providers and many others are volunteering their services to help you get and stay well. This is NOT insurance or a government entitlement program. We CANNOT guarantee that you will not be billed for some of your services. Though it is not our intention, our help may end at any time for any reason. Your responsibilities, the assistance available and other conditions may change at any time. By signing this form or by using your APA card in any capacity you agree to comply with the responsibilities below and you authorize APA to verify your information with state and other agencies. Patients should understand that we can only offer services as they are donated. We cannot guarantee specific services or the length of specific wait times before a patient is able to see a health care/dental provider.

NOTE: Hospital services, anesthesia, lab services, emergency department visits, ambulance services, specific dental, durable medical equipment, or vision hardware costs are not provided by this program. You will be expected to pay for these services if you need them. Only services from participating health care/dental providers are available through this program.

Patients who anticipate legal action regarding this injury or illness are not eligible for help through APA.

ANCHORAGE PROJECT ACCESS ACCEPTS THE FOLLOWING RESPONSIBILITIES:

- Assisting you in finding a health care/dental provider
- Assisting you in getting low cost medications
- Listening and understanding the needs of our volunteer providers
- Listening and understanding patient needs and concerns
- Facilitating, when necessary, between the patient and the provider
- Arranging and documenting a patient's primary care "home"
- Arranging and documenting a patient's specialty consultation
- Arranging, documenting, and reminding patients about their initial visits with primary care and specialty providers

AS AN ANCHORAGE PROJECT ACCESS PATIENT YOU ACCEPT THE FOLLOWING RESPONSIBILITIES:

GENERAL

You agree that you:

- Will not schedule appointments with any provider, clinic or hospital other than follow-up medical appointments with the providers APA has connected you with for donated services.
- Will follow your treatment plan, for example: get prescribed medicines and take as directed. If you cannot afford your prescription call us.
- Will apply for financial assistance with hospitals when instructed to by APA staff.
- Will adhere to APA pharmacy guidelines.
- Will promptly supply any information requested by the APA program staff.
- Will allow all information regarding your participation in this program to be shared with other individuals, organizations and agencies solely at the discretion of APA.
- Will immediately contact APA if your income changes or if you become covered by Medicare, Medicaid or private health/dental insurance.
- Will apply for Medicaid or other assistance programs if eligible.
- Will contact APA immediately with any changes in your address or phone number.

