



美京華人活動中心 泛亞義務門診部
CCACC PAN ASIAN VOLUNTEER HEALTH CLINIC
9318 Gaither Rd Suite 205 Gaithersburg, MD 20877
Phone: 240-393-5950 Fax: 240-668-9828

PATIENT CERTIFICATION AND CONSENT FORM

病人保證及同意書

I certify that all of the information provided to CCACC Pan Asian Volunteer Health Clinic (CCACC-PAVHC) is true and accurate to the best of my knowledge. I hereby voluntarily consent to medical treatment by the medical staff and providers of CCACC-PAVHC. I further consent to the use and disclosure of my protected health information for treatment, payment, operations and such other purposes that are permitted under the federal Health Insurance Portability and Accountability Act without a written authorization. A copy of this agreement may be used in place of the original. This authorization is valid until I rescind it in writing.

我保證所有提供給美京華人活動中心泛亞義務門診部(泛亞門診)的資料,就我所知都是正確的。我謹此同意接受泛亞門診醫師及醫療人員的診治。我也同意泛亞門診可以在聯邦醫療保險轉移及責任法案(Health Insurance Portability and Accountability Act)規定的範圍內,為了治療、付款、手術及其他目的,轉移我的個人醫療資料,不需要再簽署一份同意書。這份同意書的影印本與原件同樣有效。這項授權在我以書面申請作廢之前,一直有效。

Signature of Patient or Parent/Legal Guardian

病人或父母或法定監護人簽名

Date

日期

Print Name (正楷)

Printed Name of Personal Representative
Strategy for urgent and emergency situations

Staff Signature/ Title

Since PAVHC mainly takes care of chronic medical conditions, whenever patients have urgent or emergency situations, please be advised of the following strategies:

1. In case the patient needs to be seen before the next scheduled appointment, our manager will arrange the patient to be seen at the earliest available appointment.
2. If the patient's condition is relatively urgent, he/she should see the local practitioner or urgent care at his/her own cost. A list of doctors can be found from the local yellow page or newspapers.
3. If the patient's condition is a life threatening emergency, he/she should call 911 or go to the local emergency room at his/her own cost.

病情有特殊與緊急狀況之處理

由於泛亞門診主要治療非急性之疾病，若其間病人有特殊或緊急之狀況，請按以下建議處理：

1. 若病情需要在下一次預約之前覆診，門診經理會安排病患提前回診。
2. 若病情相對緊急，可到其他私人診所或 Urgent care clinic 看病（可從黃頁或報紙查閱），費用自行處理。
3. 若病情危急或有生命危險，請打 911 或到附近之急診室就醫，費用自行處理。

病患或家屬簽名, Signature of Patient or Relative