

I understand that the above information will be verified and is complete and accurate to the best of my knowledge.

I also understand that I will be required to follow the following guidelines for continued services at Third City Community Clinic and that failure to comply with these could result in termination from the clinic. This list is not inclusive:

1. I will not come to Third City Clinic under the influence of drugs and/or alcohol.
2. I will be not rude, disruptive or belligerent at clinic sites, referral offices or by telephone.
3. I will not miss clinic appointments without providing notice.
4. I will not experience a change in my work or financial situation without notifying clinic staff.
5. I will provide accurate and truthful information regarding health status, financial information and work history.
6. I will not abuse prescriptions provided by Third City Clinic. I understand these are for my use only and that selling or losing prescriptions cannot be tolerated.

Printed Name

Signature of Patient or Guardian

Screener

Date