

Welcome to Cape Fear HealthNet!

It is our goal at Cape Fear HealthNet to facilitate your access to health care.

Cape Fear HealthNet (CFHN) is a system of care for uninsured people with limited income and resources who live in Brunswick, Columbus, New Hanover or Pender Counties. CFHN connects uninsured adults to primary and specialty care providers. CFHN's network of health care providers and organizations are committed to helping you get well and stay well. In many cases, the professionals providing care to you are volunteers. CFHN is not a government program, health insurance or payment source. CFHN cannot guarantee the availability of any service or provider. Programs and services are subject to change. By signing below, you agree to the Member Rights and Responsibilities explained below.

CFHN Members have the right to:

- Receive considerate, respectful and compassionate care by licensed medical professionals, volunteering to serve you, regardless of age, gender, race, national origin, religion, sexual orientation or disabilities.
- Know the cost of care in advance to the extent possible. Some services are donated by volunteers, but you may have a small co-pay for services and/or medication or pay on a sliding scale based on your income. It is your responsibility to understand what your commitment is, ask questions about that commitment and to honor it.
- Expect that all communications and records pertaining to your care will be treated as confidential except as required by law. Medical records are kept confidential per HIPAA regulations. We do collect general information to report to our funders, for example: county of residence and services used.
- Receive complete information regarding your condition, how to manage it, benefits and risks of completing the treatment or not, and expected outcome of the condition after management.
- Participate fully in decisions about your care and treatment and involve family and/or friends you designate to participate in decisions about your care.

CFHN Members have the responsibility to:

- Provide accurate and complete eligibility information and report any changes to CFHN immediately (insurance, pay raise, new job, change in the number of household members, etc).
- Attend all appointments on time. If you must miss an appointment, including appointments with CFHN staff, you must reschedule as required by the individual practice. Failure to provide the required advance notice for a specialty care appointment may result in suspension from CFHN services. Please contact your Enrollment and Eligibility Specialist with any transportation issues before your appointment.
- Present your CFHN membership card and a photo identification card at all health care appointments. Your membership card cannot be used by any other person. This card is not valid if the signature under the seal is tampered with. If a family member or friend needs assistance they should contact CFHN to be screened and if eligible issued their own card.
- Understand that your membership is generally for a full year from enrollment date. However, from time to time, we might issue a shorter-term membership for people likely to receive Medicaid or other services in the near future. Be sure to contact your Enrollment and Eligibility Specialist one month before your membership will end so that you can be recertified. We want

to help you as much as we can, however, if you do not recertify in time, your membership will be terminated.

- Be respectful of the CFHN staff, your health care providers and other people when you are at any network provider.
- Know and abide by the rules and regulations of each place you receive services.
- Pay for services that require a co-pay at the time they are received.
- If you are referred to a specialty care provider, the provider will contact you to make the appointment. Please be sure you have voicemail available so they can leave you a message if necessary. The volunteer physicians have agreed to only see patients that are referred through your CFHN primary care provider. If you make and keep an appointment outside of this process, you will be responsible for the bill.
- Contact volunteer physician offices only to reschedule appointments or if the physician asked you to call. All other contact must be through your primary care provider.
- **Please contact CFHN with any questions concerning your enrollment or specialty care referrals.**



Thank you for your commitment to your good health.

Member Signature _____

Date _____

Enrollment Specialist _____

Date _____

Updated: 5/5/20