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Printed in the United States of America

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—from a declaration of the American Bar Association

The Free Medical Clinic: A Practical Handbook for Health Care Providers

Co-published with the American Medical Association Foundation

This handbook was made possible by the generosity of the
American Medical Association Foundation and
AHLA's Public Interest Donors.



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THE FREE MEDICAL CLINIC: AN OVERVIEW

Introduction

A Free Medical Clinic (referred to throughout as FMC or Clinic) is a health care community safety net that is established, operated, and maintained for the purpose of providing primary health care to socioeconomically and geographically underserved patient populations. Typically, an FMC's personnel includes dedicated volunteers and/or paid staff who provide medical, dental, pharmacy, vision, and/or behavioral health services to individuals who otherwise would not be able to afford such services.

Fewer individuals may remain uninsured (and therefore ineligible for Clinic services) as a result of the Patient Protection and Affordable Care Act (ACA). However, numerous barriers to health care access will continue to exist for those who do not have the resources to apply for coverage under the ACA's health care exchanges, such as the homeless, individuals who are not otherwise eligible for ACA coverage (e.g., undocumented individual), and the millions who are eligible for Medicaid but reside in states that have chosen not to expand their Medicaid programs. This illustrates the ongoing need for Free Medical Clinics to continue treating seriously disadvantaged communities that have fallen through the cracks. Such Clinics may want to consider offering resources that will help eligible patients apply for and receive health care coverage through Medicaid or health insurance exchange. The National Association of Free & Charitable Clinics (NAFC) encourages FMCs to remain aware of the challenges facing the underserved and be prepared to help those who, due to issues of affordability, accessibility, or even the “[p]ortability of primary, specialty, dental care and medication access,” remain unable to access traditional health care services.

Typical Patient Population

Free Medical Clinics provide services to low-income adults who are uninsured (not covered by Medicare, Medicaid, or other government program) and are residents of the county in which the Clinic is located. To be considered low-income, Clinics typically require the individual's income to be at or below 200% of the federal poverty level (FPL). For example, in 2014, the FPL guidelines ranged from a family size of one with an income of \$23,340 to a family size of eight with an income of \$80,180. Eligibility requirements can vary from Clinic to Clinic based on the community's specific needs. For example, some Clinics treat all ages, while others provide services to those who have inadequate health insurance coverage or tailor their services to certain health conditions (e.g., HIV/AIDS) and ethnic groups.

Scope of Services

Most Free Medical Clinics provide a wide variety of primary health care services to eligible patients. Depending on available resources, some Clinics may also provide basic dental and mental and behavioral health services.

Primary Care Services

Free Medical Clinics provide primary care for minor, non-life threatening illnesses and injuries. They should not be a substitute for emergency medical care. While specific services vary from Clinic to Clinic, most conduct general physical exams and provide testing and treatment for chronic conditions (e.g., diabetes and high blood pressure) and minor medical problems (e.g., headaches, sore throats, cough/colds, stomach issues). Some Clinics may also provide prescription assistance programs and/or other pharmacy services and certain gynecological services. If a Clinic is unable to diagnose or treat a patient's problem, it will typically provide a referral.

Mental and Behavioral Health Services

To the extent funding and the essential volunteers are available, Free Medical Clinics can provide a wide range of mental and behavioral health services. For example, the Free Medical Clinic of Greater Cleveland provides behavioral health services, including outpatient counseling and psychiatry services, for eligible patients. Available treatment options include individual, family, and relationship counseling, as well as psychiatric services for mild and moderate mental conditions. More severe mental conditions are addressed on a case-by-case basis, and referrals are offered if necessary. The Free Medical Clinic of Greater Cleveland also treats individuals with substance abuse issues and patients who are HIV positive.

Dental Services

Clinics that have the resources to offer dental services typically provide routine exams and assessments, cavity fillings, teeth cleanings, tooth extractions, and x-rays. Certain Clinics may also provide select root canal, sealant, and fluoride treatments. Free Medical Clinics generally do not provide dentures or partial dentures, crown or bridgework, implants, braces, teeth whitening, or wisdom tooth extractions.

Staff and Personnel

A Clinic's staff typically includes a mixture of volunteer physicians, licensed health care professionals, and non-licensed medical personnel such as lay volunteers. Board-certified physicians who typically devote approximately one to four half-day sessions each month are the most frequent types of volunteers. Nurses, nurse practitioners, physician assistants and, to a smaller extent, social workers and psychologists also volunteer at Free Medical Clinics.

Funding and Support

Sponsorship

Free Medical Clinics can be sponsored by individuals or organizations such as hospitals, medical associations, secular community organizations, faith-based entities, and foundations that were established as a result of a hospital sale. A Clinic's sponsor will often define the character of the Clinic and impact the services it provides. For example, a Free Medical Clinic that has a faith-based sponsor may pursue a religious mission or follow a set of religious principles while simultaneously working to see that health care is provided to underserved populations.

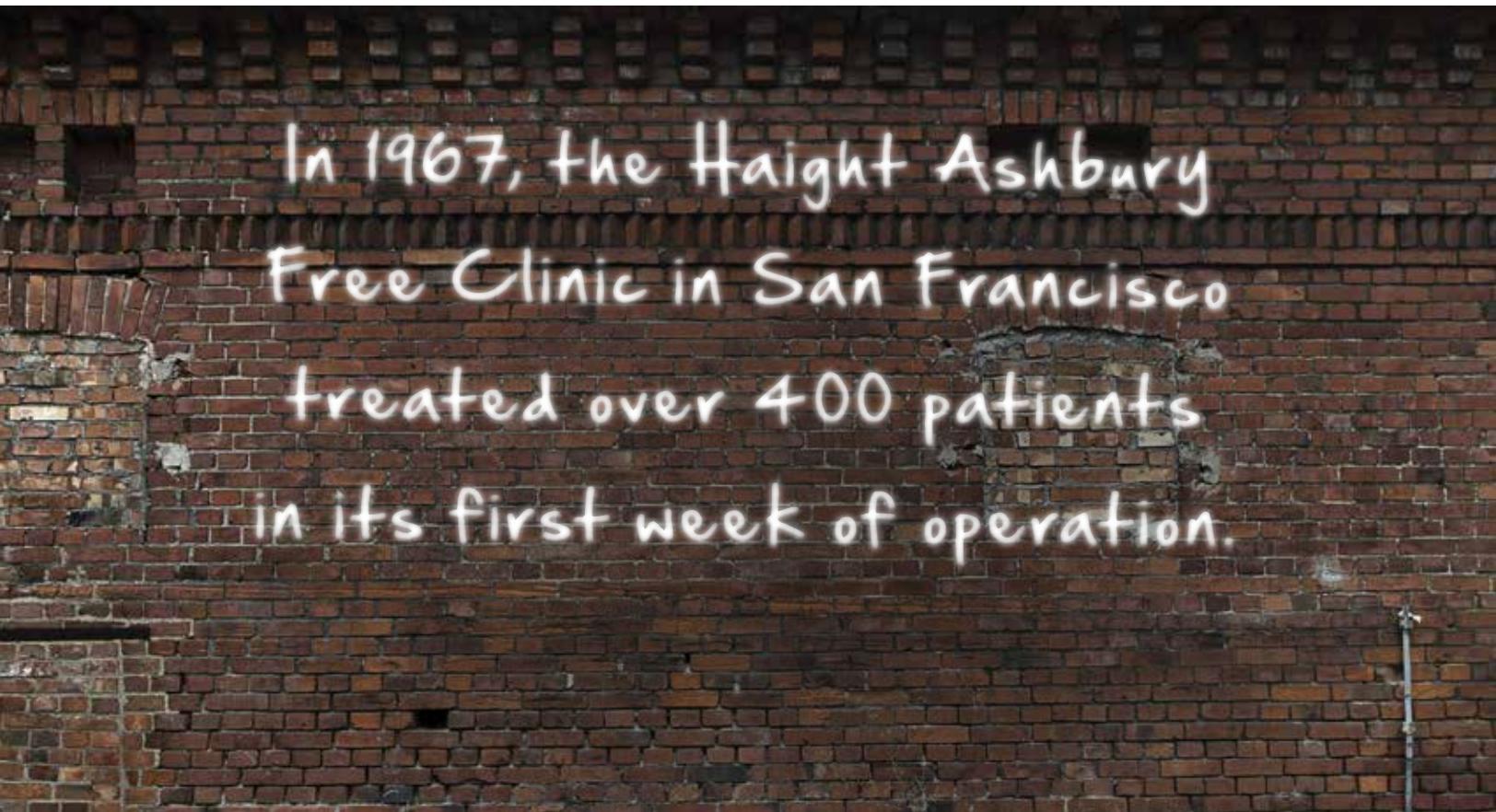


Fundraising

Free Medical Clinics are often supported through charitable donations and typically receive little or no regular government support. Rather, they raise funds from the community through annual fundraising drives and outreach to individuals, businesses, and other organizations. When accepting contributions, the Clinic should make sure the contribution is “designated to or for the use of” a charitable organization under Internal Revenue Code (IRC) Section 170(a).

Designated funds are charitable contributions with the stipulation that they be used for a specified purpose (*i.e.*, an approved project or program). Such designation permits the donor to earmark his or her contribution to the Clinic for a particular use without jeopardizing the charitable deduction, provided the restriction does not prevent the Clinic from freely using the transferred assets or, at a minimum, the income therefrom, in furtherance of its charitable purposes.

If the gift is earmarked for a non-charitable purpose or for a charitable purpose outside the Clinic’s charitable mission, the gift will not be deductible. Free Medical Clinics should, therefore, adopt a written policy governing all designated or restricted gifts. Clinics should require board approval of restricted gifts that are not within the Clinic’s previously approved mission and encourage the use of suggested donations instead of legally binding designations or restrictions.

A photograph of a brick wall with white graffiti text. The text reads: "In 1967, the Haight Ashbury Free Clinic in San Francisco treated over 400 patients in its first week of operation." The wall is made of dark red bricks and has some signs of wear and tear, including a small hole and some peeling mortar.

In 1967, the Haight Ashbury
Free Clinic in San Francisco
treated over 400 patients
in its first week of operation.

Grants

Grants from businesses, foundations, and government organizations can be major sources of funding for Clinics. Grants typically require a proposal, budget, and narrative, as well as compliance with the terms of the grant and any related agreements.

Donated Supplies

Free Medical Clinics that are designated as 501(c)(3) charitable organizations must comply with a number of substantiation requirements regarding the goods and services they wish to donate. For example:

- ◇ The Clinic must provide written disclosure to donors of a quid pro contribution in excess of \$75.
- ◇ The donor must obtain from the Clinic and keep a bank record or a written communication, such as a bank/credit card statement or canceled check, as a record of the contribution.
- ◇ A donor claiming a deduction of \$250 or more must obtain and keep a contemporaneous written acknowledgement for a charitable contribution.

The Free Medical Clinic may want to approach other organizations with similar missions for donations during the start-up phase. For instance, a local hospital may be willing to provide radiology services, local businesses may donate office equipment and supplies, and physician offices or other health care facilities may be able to donate used exam tables, furniture, dental equipment, and extra medical supplies.

Pharmaceutical companies may also offer assistance programs for the drugs they manufacture. These programs generally provide prescription medications for free or at a greatly reduced cost to patients who otherwise would not be able to afford them. Free Medical Clinics can either receive and distribute the medications directly to the patient; verify that the patient is eligible for the program and subsequently confirm that the medication is shipped to the patient; or determine whether the patient can receive the medication from a local pharmacy. Many Free Medical Clinics try to help patients qualify for these drug assistance programs.

START-UP AND OPERATIONAL ISSUES

Insurance Coverage

Property and Casualty

Property and casualty insurance can cover the Free Medical Clinic against loss of physical property and income-producing potential due to incidents like fire, theft, vandalism, and other threats to the property. Clinic organizers should understand what type of property insurance the Clinic requires and what level of insurance will provide sufficient coverage. Four key terms to understand when evaluating property insurance policies are:

- ◇ Actual Cash Valuation: The replacement cost minus depreciation. This coverage will only pay for the replacement of the Free Medical Clinic property minus the depreciation of the property.
- ◇ Replacement Cost Valuation: The replacement cost without deducting depreciation. This coverage will pay the cost of replacing the property regardless of the depreciation or appreciation.
- ◇ Agreed Amount or Functional Replacement Cost: The cost of acquiring another item or property that will perform the same function with equal efficiency, even if it is not identical to the item or property being replaced. This coverage is commonly used to value unique items.
- ◇ Extended Replacement Cost: The cost over the coverage limit if cost to reconstruct the property has increased.

The limitations and exclusions of a property insurance policy may vary, but the most common limitations and exclusions include loss or damage caused by war, nuclear incidents, acts of terrorism, or floods and earthquakes.

Slip and Fall

Casualty insurance also covers organizations against loss caused when the organization is found legally liable for a third party's personal injury or damage to third party property. Slip and fall injuries can happen at any time, anywhere, so Clinic organizers should consider slip and fall insurance - one of the most common forms of casualty liability that can impact a Free Medical Clinic - to protect the Clinic in the event accidental personal injury on the Clinic's premises.

The Clinic or its staff may be found liable for damages through a determination of negligence. Liability can arise if, for example:

- ◇ Staff created a slippery, torn, or otherwise dangerous surface to the floor;
- ◇ An employee knew about a slippery, torn, or otherwise dangerous surface to the floor and failed to repair or remove it; or
- ◇ The employee should have known about a slippery, torn, or otherwise dangerous surface to the floor because a reasonable person in that circumstance would have discovered the dangerous surface and repaired or removed it.

Slip and fall insurance generally includes two types of coverage: (1) liability coverage, which covers the cost of damages for the injured party when the Free Medical Clinic has been found negligent, and (2) medical payment coverage, which covers a certain amount of the injured person's medical expenses that stem from the slip and fall injury, even if the Free Medical Clinic is not found negligent.



Director & Officer

As a nonprofit organization, a Free Medical Clinic will more than likely have a board of directors that will include both directors and officers. The Internal Revenue Service does not explicitly require nonprofits to have a board of directors, but strongly encourages it. State law also may impose governance requirements.

Director and Office (D & O) insurance can help assure directors, officers, and managerial staff that they will be covered, including legal costs, if they are found personally liable for the actions they undertake on the Clinic's behalf in their capacity as directors, officers, and managers. Directors and officers are subject to three basic duties and may be found personally liable if any of the duties are breached:

- ◇ Duty of Care: The duty to act with care that a reasonably prudent person would use under similar circumstances, to act in good faith and in a manner that is in the Free Medical Clinic's best interests.
- ◇ Duty of Loyalty: The duty to refrain from using the director's position of trust and confidence to further the director's own interests, and to refrain from engaging in actions that would injure the Free Medical Clinic.
- ◇ Duty of Obedience: The duty to carry out the actions of a director in accordance with all applicable statutes and the charter of the Free Medical Clinic.

General Liability

Tortious coverage can protect a Free Medical Clinic if the Clinic is found liable for the intentional act(s) of one of its employees. Where property/casualty insurance only covers incidents that arise out of accidents, tortious insurance coverage goes beyond that and covers the Clinic for intentional acts that occurred with an employee's foresight, expectation or design. Unlike property/casualty coverage, tortious insurance also covers acts that result not only in personal injury but emotional, economic, or reputational injury. While intentional acts of one of its employees may not be at the forefront of the minds of Clinic organizers when evaluating the Clinic's insurance needs, tortious insurance coverage is an important type of insurance to consider.

Equipment Breakdown and Computer Coverage

Equipment breakdown insurance protects against breakdowns caused by power surges and operator error. It generally covers mechanical and electrical equipment, computers and communication equipment, and air conditioning and refrigeration systems. Equipment breakdown insurance can pay for the cost to repair or replace the damaged equipment,

costs associated with the time and labor to repair or replace the equipment, and the cost to replace spoiled stock or materials.

Commercial Crime Insurance

Commercial crime insurance provides protection against employee dishonesty, theft, burglary or robbery, and computer fraud.

Umbrella Insurance

Umbrella liability insurance provides additional protection if or when the existing liability insurance policies cannot cover all of the expenses.

Clinic Space

Leasing and Space Considerations

A Free Medical Clinic should lease office space near or within the demographic it is attempting to serve. Clinic organizers may want to conduct a population search through the U.S. Census Bureau to determine population characteristics and trends. A Clinic may benefit from being close to other health care providers and referral sources, such as public housing, Goodwill-based organizations, the Salvation Army or other social program based institutions. Clinic organizers should consider other factors as well: (1) whether the location is zoned for dual purposes, specifically business and residential; (2) if the building contains environmental hazards that could interrupt Clinic operations and negatively impact nearby residents or tenants on other floors; and (3) whether the location has adequate visibility and enough parking to accommodate the population.

When choosing a location, the Free Medical Clinic should be aware of its unique and specific space requirements, the adequacy of existing utility systems, and even the positioning of weight bearing supports. Rental space design and calculated square footage is critical for the Clinic to function optimally, including having enough examination rooms, sufficiently wide hallways, adequate work stations for staff, and a properly designed waiting room. A Free Medical Clinic must also make itself and its services accessible to individuals with disabilities and comply with the Americans with Disabilities Act (ADA).

Rent

As an initial step, Clinic organizers should secure a broker or tenant representative who understands and can identify the unique type of space needed to optimally operate a Free Medical Clinic. Aside from negotiating the base monthly rent rate, Clinic organizers should also understand how “pass-through” operating expenses (e.g., taxes, common area maintenance) and “expense stop” will be managed, and how much the landlord is willing to pay toward such expense, with any excess amounts billed to the tenant.

Lessors will likely negotiate that the Clinic use licensed professionals in good standing or have the Clinic's health care providers be supervised by those who have the requisite credentials. The lessor may also require that the Clinic deliver copies of all required valid permits, licenses, and certificates. Medical equipment and prescription drugs are highly susceptible to theft because of their high resale value, so the Clinic should either negotiate for adequate security (e.g., locks and alarm) or have the option to install a security system.

A Free Medical Clinic also will likely possess medical or hazardous substances such as medical waste, nuclear waste, hazardous chemical substances, needles and similar medical sharp objects, volatile gases (e.g., oxygen, vacuum, medical air, nitrous oxide, nitrogen or carbon dioxide), and controlled substances in concentrations and quantities regulated by law. The lessor will likely disclaim such obligations and contract that the Clinic properly store, retain, deliver, and dispose controlled substances and medical waste that meet local, state, and federal regulations and guidelines. If so, Clinic organizers should consider negotiating an adjustment to the operating expense before signing the lease.

Physical Barriers and Disabled Access

Under the Americans with Disabilities Act (ADA), health care providers must give persons with mobility disabilities full and equal access to their services and facilities and reasonable modifications to policies, practices and procedures, if necessary, unless the modifications would fundamentally alter the nature of the services.

According to the Department of Justice's (DOJ's) Section on Disability Rights, "[a]ccessibility of doctors' offices, Clinics, and other health care providers is essential in providing medical care to people with disabilities." The construction or alteration of a Free Medical Clinic is covered by Subpart D in the Code of Federal Regulations, "New Construction and Alterations." Clinic organizers and their counsel are encouraged to refer to the online publications provided by the DOJ for any issues regarding the construction or alteration of a Free Medical Clinic. As noted in the DOJ's publication, for example, it is generally not acceptable for a physician to examine a patient while he or she remains in a wheelchair; rather, the facility should provide the patient with an adjustable examination table.

Free Medical Clinic Staff

Medical Professionals

A Free Medical Clinic should have at least one physician, in addition to other health care professionals, as part of the initial team. Often, this physician may initially serve as the Clinic's medical director. The team will work with Clinic management to identify the needs for additional volunteer medical professionals or employees based on the needs of the com-

munity's patient population. The team can also assist in recruiting volunteers through relationships with hospitals, multi-specialty physician groups, and other similar providers. These partnerships are critical to ensuring continuity of care for the Clinic's patients. Recruitment of volunteer medical professionals is usually more easily accomplished through peer recruitment, so Clinic management should encourage its volunteers to reach out to colleagues and peers who may be interested in volunteering in the Clinic setting.

Free Medical Clinics may also utilize medical, nursing, and physician assistant students, as well as medical residents, to supplement the Clinic's workforce. Many students/trainees seek out such opportunities as part of their educational experience, and schools look to partner with organizations like Free Medical Clinics to provide a diverse training experience for its students. Before pursuing such an arrangement, the Free Medical Clinic should ensure it can comply with the appropriate supervision rules regarding students and trainees practicing at the Clinic. Regardless of the recruitment method, Free Medical Clinics must ensure that all medical professionals (volunteer or employed) have current and active licenses to practice.

Management Staff

The management staff typically includes a medical director, executive director, and Clinic/office manager. Given the role that philanthropy plays in funding Clinic operations, the Clinic may also have a development director on staff.

The Clinic's size and the skills and backgrounds of the management team may determine if any of these roles can or should be combined. For example, one person may hold both positions of medical director and executive director or, in the case of volunteers, two people may share the role of medical director. Management-level positions are typically paid positions, but volunteers may perform certain tasks that are traditionally associated with those management roles.

Medical Director

The medical director oversees the clinical aspects of patient care, ensuring that quality of care is not compromised, standards of care are met, and volunteers are properly equipped to address patients' medical needs. The medical director is responsible for recruiting physicians, accepting referrals, overseeing chart reviews, monitoring and updating Clinic policies and procedures, serving on the Clinic's board of directors, and seeing patients periodically. The medical director can be a volunteer or paid position. A volunteer medical director should devote an amount of time that is reasonable for a volunteer. Clinic operators may, therefore, want to consider hiring an executive director or Clinic manager who also is a licensed medical professional, such as a registered nurse or midlevel practitioner, who can relieve the volunteer medical director of certain management activities, including quality assurance issues, patient record reviews, follow up on consults, and lab work.

Free Clinics remain one of the only health care providers in the country to provide essential health care services, regardless of the patient's ability to pay.

Executive Director

The executive director acts as the chief executive officer for the Free Medical Clinic, ensuring that both the business and Clinic operations function appropriately. The executive director will often partner with the medical director to play a key role interacting with community organizations and seeking partnership opportunities so that the Clinic can fulfill its mission.

Once employees and volunteers are identified, the Clinic should adopt a screening and evaluation process to ensure the workforce is composed only of those who are qualified to serve in their assigned roles. The scope of such screening may vary based on Clinic resources.

Supervisory Hierarchy

The hierarchical structure of a Free Medical Clinic will depend on multiple factors, including, but not limited to, the degree to which the Clinic's medical director/Clinic director is involved; volunteers' and employees' skills; and the Clinic's budget. Regardless of the hierarchical structure, the Clinic's staff and volunteers are responsible for ensuring continuity of care and efficiency in running the Clinic's operations. An example framework for a hierarchical structure might include the board of directors, medical director, executive director, Clinic volunteers, Clinic/office manager, receptionist/office staff, and a medical assistant. Other positions may include a nursing director, a training director/manager, and an interpreter coordinator depending on the community's demographics.

The Free Medical Clinic relies heavily on its administrative staff to ensure efficient operation of the Clinic's day-to-day operations, from scheduling patient appointments to monitoring the inventory of supplies and supervising both paid administrative and volunteer staff. With respect to the Clinic's clinical aspects, it is not uncommon for the medical director to work

with the executive director to ensure the Clinic is fulfilling its charitable mission. In addition, recruiting and supervising qualified employees and volunteers who will uphold standards of care are often the responsibility of the medical director.

The Marshalltown Free Clinic in Marshalltown, Iowa has had much success with a particular volunteer structure that involves “Clinic Coordinators.” Under this approach, four volunteer nurses act as coordinating head nurses and are responsible for scheduling the nursing and non-medical staff for their assigned week. The nurse-coordinators’ duties may include (1) overseeing non-physician staff; (2) reporting inventory needs; and (3) arranging follow up care for patients.

Training

The Free Medical Clinic should have a robust training program for its employees and volunteers to ensure the entire workforce is trained on applicable laws, regulations, and Clinic processes and procedures. The Clinic’s policies and procedures should be easily accessible, and the Clinic’s employment and volunteer handbooks should contain policies regarding prohibition of harassment; non-solicitation; work hours; general conduct; safety; conflict resolution; expense reimbursement; emergency situations; and a drug-free work environment.

The Clinic’s workforce should be formally trained at least annually on these policies and procedures, including remedial training to address instances of non-compliance. Given the relatively small workforce, training may be conducted in person by a member of Clinic management who is responsible for workforce-related matters or a volunteer with expertise in employment matters.

Clinic organizers should fully document the process and procedures by which training content is developed, maintained, and administered to its volunteers and employed staff. In many instances, it is valuable to maintain a list of who attended the training sessions and have each attendee sign an acknowledgement form regarding the training in which he or she participated.

The Clinic’s workforce should also be trained on how to interact with uncooperative patients or those who cannot effectively facilitate their own care due to mental illness, physical disability, substance abuse, developmental delay, or other condition that makes self-care challenging.

Training regarding culturally competent care will also help the Clinic meet the unique needs of the community’s patient population, particularly immigrant communities. Such training should go beyond language requirements and include training about how certain health and psychological issues may impact certain immigrant communities. Moreover, individuals from immigrant

communities may not know how to access health care in the United States or have differing views about the role a Free Medical Clinic should play in his or her family's health. In such situations, a Free Medical Clinic that is culturally competent may be able to provide options that include home remedies or other ways that the patient can receive care. Equipping staff with the knowledge and resources to effectively communicate with their patients will help create a safe environment that encourages patients to seek care more consistently from the Clinic.

Staff Meetings and Continued Training

Good communication among Clinic staff plays a key role in ensuring patient safety and addressing quality of care issues that might arise. Regularly scheduled team huddles, weekly team meetings, production planning meetings, and "reflection" activities are all examples of how the Clinic's staff can optimize communication regarding Clinic operations and patient care. Implementing these types of meetings during which open dialogue, information-sharing, and collaboration is permitted can go a long way in fostering leadership and a patient-safety oriented culture.

Team Huddle

Generally, the purpose of the team huddle is to give the Clinic's health care providers an opportunity to review the day's schedule of patients and plan accordingly (e.g., likely no-shows, a complex case, special equipment that might be needed to conduct an exam for a certain patient, what additional service can be provided to reduce the patient's likelihood of a re-visit). The team huddle may also be an opportune time to remind staff about certain policies and procedures, such as how to handle new and/or walk-in patients and discuss lessons learned.

Weekly Meeting

The weekly team meeting allows for a more concentrated period of time in which Clinic staff can discuss in greater detail their roles, responsibilities, opportunities for improvement, as well as other issues beyond the health care team (e.g., a problem with the location of a computer, practice-wide staffing issues). Production planning meetings focus on the Clinic's operational challenges (e.g., evaluating inventory of supplies against actual and expected demand), improvements, and successes.

Reflection Activities

Integrating "reflection activities" into staff meetings may help reiterate the Clinic's charitable mission and instill a sense of enthusiasm and ownership among Clinic staff. For example, the University of California San Diego's (UCSD) Student Run Free Clinic uses "learning circles" to build community and share lessons learned on a variety of matters ranging from effective communication of empathy to operational efficiencies.

Other Educational Programs

Continued health care and Clinic training through educational workshops, conferences, and classes contributes towards providing competent, quality health care. The ECRI Institute's sample risk management plan indicated that “[f]acilitating and ensuring provider and staff participation in educational programs on patient safety and risk management” is one of the many functional responsibilities of a Free Medical Clinic's risk management program. In addition, Free Medical Clinics can also require that its staff receive annual educational training in the areas of safety, including, without limitation training on (1) cultivating a drug-free work environment; (2) safely collecting, handling, and disposing of blood borne pathogens; (3) administering basic life support skills; and (4) handling and managing a violent and/or difficult patient.

Lastly, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services is dedicated to incorporating risk management activities in its approach to quality improvement and quality assurance. In its effort to support Free Medical Clinics, HRSA has provided online risk management educational programs where Clinic staff can access and utilize supplemental training tools such as audio-conferences and webinars and receive Continuing Medical Education (CME) credits.

Hours of Operation

Hours of operation will be driven largely by the unique needs of the Clinic's patient population, including the hours in which patients are typically available to seek health care services. For example, expanded hours will allow the Clinic to better serve patients who, due to occupational, familial, or other limitations are unable to seek care during usual business hours. The Clinic may also consider establishing other on-site locations, such as factories, agricultural centers, or city missions to further promote convenient access to health care. Grant funding may be available for these types of outreach Clinics. Some may also want to consider partnering with a transportation company or providing transportation through a Clinic-operated vehicle to help patients access care.

For many low-income, underserved, and uninsured patients, the Clinic often serves as their “medical home.” It is unlikely, however, that a Clinic can remain open 24/7 due to financial and resource limitations. The Free Medical Clinic can benefit, therefore, from having a solid relationship with the local hospital and other local health care organizations so that together, they can educate the community about when it would be most appropriate to seek health care services from a Free Medical Clinic versus a hospital emergency department. Clinic organizers may also want to consider an around-the-clock answering service or “nurse-on-call” option to help facilitate patient questions and concerns after hours.

Missed Appointments

Routinely and frequently missed appointments can negatively impact the patient's overall health and the provider's ability to monitor the patient's condition. Missed appointments can also take a toll on the Clinic's medical and administrative resources, resulting in increased wait times, unused capacity, and providers seeing fewer patients than they otherwise could. Reasons for no-shows are numerous, including challenges related to transportation, adverse weather conditions, co-morbidities, mental health conditions, general forgetfulness, and a lack of understanding regarding the importance of preventive care and ongoing treatment.

There are several strategies a Free Medical Clinic can employ to reduce its rate of missed appointments. One best practice is using telephone and text-message appointment reminders. A 2008 study found that patients were most likely to show up for their appointments when they received two different forms of reminders (e.g., a postcard in the mail and a telephone call). The effectiveness of a particular reminder system depends, in part, on understanding both the overall patient population as well as the needs of the individual patient. For example, in a lower socio-economic area, many patients may not have cell phones or access to text-messaging services. Clinic staff should, therefore, ask patients how they prefer to receive appointment reminders during the patient intake process. Free Medical Clinics may also consider subscribing to an automated reminder service, which range in cost from \$50-\$600 per month depending on the size of the Clinic.

Free Medical Clinics may consider using a penalty system to serve as a deterrent for missed appointments. For example, St. Luke's Free Medical Clinic in South Carolina informs patients at the outset that he or she will be prohibited from using the Clinic's services after three missed appointments. To encourage compliance and follow-up, it will be important for Free Medical Clinics to provide clear and understandable information and guidelines for patients regarding the benefits of follow-up care and the potential consequences of missed appointments, such as termination of the Clinic-patient relationship.

Open access scheduling may also reduce missed appointments. This type of scheduling allows the Clinic to accept a certain amount of "walk in" appointments, which often results in a significant decrease in "no show" appointments. Walk-in availability gives patients the flexibility to receive treatment when a need arises and when other factors, such as child care, transportation, time off work, etc. makes it possible for the patient to visit the Clinic. Evening and weekend hours may also help reduce the number of missed appointments.

Reducing Wait Times

Many patients who seek care from Free Medical Clinics cannot afford to be absent from work for extended periods of time. Studies have shown that a large number of patients cite work

obligations as the reason for walking out of a medical facility before being seen and treated. The longer it takes a patient to see a doctor, the greater the chances the patient will leave without being treated. Extended wait times can be administratively burdensome for the Clinic and frustrating for patients.

Long patient wait times may be due to operational and communication inefficiencies between the front desk, nurses, and physicians. If wait times and walk-outs become an issue, the Clinic may need to consider investing in systems that improve overall operational efficiency. One best practice involves instituting a computerized patient flow management system that allows the front desk, nurses and physicians to communicate through a spreadsheet in real time. A good example of a cost-effective patient flow management system is Google Docs' "Patient Tracker," which is free and does not require additional expertise or system requirements. Other more advanced patient flow management systems exist but may charge a monthly or annual fee. Google Docs' Patient Tracker uses a simple color- and letter-coding system on a shared spreadsheet that is updated in real-time. The color and letter coding indicates to Clinic staff:

- ◇ When a patient has checked in,
- ◇ If the patient arrived late for his or her appointment and whether the physician has time to see that patient,
- ◇ When the patient has entered an exam room, and
- ◇ When the patient has concluded his or her appointment with the physician.

Prescription Drug Management

Perhaps one of the most important services that Free Medical Clinics can offer is providing prescription drugs to patients who cannot afford them. Despite limited resources, Free Medical Clinics obtain prescription drugs through a variety of channels, including the donation of drug samples from licensed practitioners; through state prescription drug return, reuse, and recycling laws; and from pharmaceutical companies.

The Food and Drug Administration (FDA) recognized the importance of prescription drug sample donations and stated that donation of drug samples is permissible under the Prescription Drug Marketing Act, so long as certain requirements are met, including, but not limited to, the following:

During 2012-2014, the nation's 1,200+ Free Clinics saw a 40% increase in patient demand, despite full implementation of the Affordable Care Act.

- ◇ The donation must be in its original, unopened packaging, with labeling intact;
- ◇ The donation must be received by a designated and authorized employee of the Free Medical Clinic;
- ◇ A licensed practitioner or pharmacist of the Clinic must examine the product before it is dispensed or further donated;
- ◇ All unsuitable donations should be destroyed or returned to the manufacturer;
- ◇ Accurate records must be maintained of the donation, distribution, inventory, return and destruction of donated products;
- ◇ Proper inventory must be maintained for all donations; and
- ◇ Drug samples must be properly stored.

State prescription drug return, reuse, and recycling laws likewise have explicit requirements. Most state laws require that donated medications be in sealed, tamper-proof packaging and that the products have at least six months shelf life remaining. Some states limit the types of prescriptions that can be donated, as well as who can donate products and who can accept donations. For example, some state programs only accept cancer drugs, while others accept most prescriptions except narcotics, which generally may not be donated. State programs vary widely in terms of their success. Iowa, in particular, has a robust drug recycling program. Between 2007 and 2012, Iowa's drug recycling program reported \$5,896,000 worth of donated drugs dispensed to 26,800 eligible residents.

Security of Drugs

Free Medical Clinics providing prescription drugs must meet state and federal requirements regarding prescription drug security, which may include:

- ◇ Maintaining an alarm system to signal intrusion into the pharmacy area;
- ◇ Maintaining control over the pharmacy area;
- ◇ Prohibiting non-essential personnel into certain areas;
- ◇ Creating physical barriers to separate the pharmacy area; securing prescriptions in areas that are within the view of the pharmacist during pharmacy hours;
- ◇ Securely locking areas where pharmaceutical products are stored during all times the pharmacy is closed; and
- ◇ Receiving pharmaceutical products during pharmacy hours to ensure proper handling at all times. Any time the pharmacist is not present in the pharmacy area of a Free Medical Clinic, the pharmacy area should be secured and inaccessible to the public and non-licensed persons.

Many laws governing the donation of prescription drugs prohibit donation of certain drugs, such as narcotics and medications used to treat insomnia or anxiety, as such drugs require expensive special security measures that can be cost-prohibitive for Free Medical Clinics. In addition to maintaining the general security of pharmaceutical products, Free Medical Clinics may have reporting obligations to state and/or federal agencies in the event of a security breach. For example, federal guidelines require that charitable entities receiving donated samples report losses or suspected theft of relevant products to the FDA.

License to Distribute Drugs

Charitable organizations are often required to obtain a license before distributing pharmaceutical products. Requirements vary by state, and some states will waive the license fee for registered nonprofit entities. The requirement for obtaining a pharmacy license is not necessarily based on the types of drugs the Free Medical Clinic plans to disburse, although a license is not always required if the Clinic plans on disbursing only donated drug samples. Some states, however, require a license wherever prescription drugs are dispensed, regardless of the amount of drugs dispensed, making no exception, not even for Free Medical Clinics.

Drug Recordkeeping and Inventory Management

Free Medical Clinics providing prescription drugs must meet state and federal requirements for recordkeeping and inventory management. Typically these requirements mandate the Clinic to maintain documentation of the following:

- ◇ The name of the donated prescription product or medical device;
- ◇ Strength and dosage form;
- ◇ Number of units donated;
- ◇ Manufacturer's lot number;
- ◇ Expiration date; and
- ◇ Name, address and phone number of the donor for the drug or device.

Some states also require that the Free Medical Clinic obtain a signed donation form from the donor, while other states may require records regarding the further donation of products or the inspection, inventory, disbursement, redistribution, destruction, or return of the donated products.

Free Medical Clinics dispensing pharmaceutical products must meet state specific and federal inventory management requirements. Federal guidelines require an annual inventory of prescription sample stocks, with any discrepancies potentially investigated by the FDA. Free Medical Clinics also must comply with special handling instructions to ensure certain drugs are stored properly (e.g., refrigeration required). Storage requirements may be cost-prohibitive for certain products.

Affordable Prescription Drug Assistance Programs

Some pharmaceutical companies sponsor patient assistance programs that provide medications for free or at a reduced price. Qualification standards often vary in terms of who can receive assistance, and these programs often have an application process that the patient or the health care provider must complete. Patients can also look into Partnership for Prescription Assistance, an organization sponsored by biopharmaceutical research companies that provides a portal through which patients can access over 450 prescription assistance programs, including approximately 200 programs offered by pharmaceutical companies.

Many states sponsor prescription assistance programs for eligible populations, usually for seniors, persons with disabilities, or the uninsured. Some programs provide discounts only for eligible enrollees, while others provide a direct subsidy using state funds. In recent years, however, many of these state sponsored programs have ceased operation due to decreased funding.

Alternatively, Free Medical Clinics can contract with commercial pharmacies to provide free medication to patients and bill the Clinic at a discounted price. Many large commercial pharmacies also offer medication programs. Walmart, for example, has a \$4 program for a 30 day supply of certain prescriptions (\$10 for a 90 day supply); Walgreens offers a Prescription Savings Club; and CVS offers a Health Savings Pass that offers a 90 day supply for \$11.99 on certain medications. Other programs, such as the WellCard Health program, provide a prescription card so patients can obtain pre-negotiated savings on prescriptions at participating pharmacies.

Diagnostic Testing

Many Free Medical Clinics provide laboratory services on site or by arrangement with an offsite facility. The Clinic Laboratory Improvement Amendments (CLIA) regulates all lab testing on humans. A CLIA Certificate of Waiver (COW) allows medical facilities, including Free Medical Clinics, to perform tests that have been determined by the FDA or CDC to be so simple that there is little risk of error in the results. To date, approximately 120 types of tests are CLIA-waived, including blood tests, urinary exams, pregnancy tests, and HIV tests. Most lab testing done at Free Medical Clinics can be CLIA-waived and therefore do not require the services of specialists or need to fulfill most of CLIA's requirements. Physicians and nurses typically conduct tests at CLIA-waived sites, but there is no specified level of education or training required of testing personnel at CLIA-waived facilities.

Due to regulatory hurdles and costs, Free Medical Clinics should carefully consider the costs and benefits of offering an on-site CLIA-certified lab for more complicated tests that would not be covered by a CLIA waiver. For complex laboratory testing services that fall outside the realm of CLIA-waived tests, the Clinic could refer to physicians in a volunteer network or partner with local hospitals that may be willing to take turns with other hospitals in providing laboratory testing as an in-kind contribution to the Clinic. Doctors who operate local labs and radiology facilities can be another source of diagnostic help, reducing the Clinic's need to spend time and money providing lab testing on-site.

Security and Safety for Staff and Patients

The Occupational Safety & Health Administration (OSHA) sets out regulations that must be followed in most workplaces, including Free Medical Clinics. Additionally, several states have OSHA-approved state plans that govern the health and safety of workplaces. Clinic organizers and operators should review the OSHA standards or OSHA-approved state standards in their entirety to ensure their Clinic is operating legally. A comprehensive list of OSHA regulations is available at www.osha.gov.

According to OSHA, those who work in health care are at an increased risk of workplace violence. The U.S. Department of Labor suggests that an employer “establish a zero-tolerance policy toward workplace violence against or by their employees.” The particular circumstances and geographies of Free Medical Clinics also make them more susceptible to potential criminal or violent behavior from patients or visitors. Best practices offered by OSHA to help ensure the safety of a Clinic’s staff, patients, volunteers, and visitors involves 1) installing security systems (*i.e.*, surveillance cameras and alarm systems); 2) establishing a buddy system for employees leaving workplace premises; and 3) providing safety education programs for employees, including training about how to handle a potentially violent patient or how to recognize certain signs that may indicate agitation, intoxication, mental illness, or other condition that might impact the provider-patient interaction.



Coordinating with Law Enforcement and the Use of Crime Detection Systems
Collaborating with the local police department and state prosecutors can also assist in controlling violence. In addition to providing resources to assist with incident management, law enforcement can offer strategies and guidance on how the Free Medical Clinic can protect its employees, volunteers and patients. OSHA suggests that medical facilities provide police departments with a layout of the facility for more efficient investigations. Clinic staff should be trained on the procedures for requesting police assistance. Regular meetings attended by police precincts and the Clinic's health care providers can be another way in which open discussions can take place about best practices for patient, staff, and community safety.

Some Free Medical Clinics have invested in metal detectors as a means of crime prevention and safety in areas with high crime rates. Within a matter of days, a Clinic in Massachusetts discovered over thirty concealed weapons on patients with its metal detector. If a Clinic decides to install metal detectors, it is important to develop a procedure for staff once weapons are detected. This plan should include processes for dealing with patients who refuse to surrender detected weapons, storing confiscated weapons, returning confiscated weapons, and alerting the proper authorities .

With prices ranging from \$1,000 to \$30,000, standing metal detectors can prove expensive for a nonprofit Free Medical Clinic. While prices for handheld metal detectors are more reasonable, Clinics may ultimately spend a considerable amount of resources to employ their operation (*i.e.*, hiring a security officer to operate the handheld device). Finally, the presence of metal detectors in a Free Medical Clinic may give a negative perception to patients and the community-at-large. If a patient's first experience with a Free Medical Clinic is walking through a standing metal detector or being scanned by a security officer, they may feel uncomfortable, unsafe, and possibly unwelcomed. Crime rate information and related facts regarding the Clinic's location should be considered before implementing a metal detector or other crime detection/surveillance mechanism. As an alternative, some Free Medical Clinics may install panic buttons for security purposes, which would allow a certain level of security without impacting the warm and welcoming environment that a Clinic wants to provide for its patients.

Educating the Community and Marketing Clinic Services

Educating the community about the Free Medical Clinic's place in one's continuum of care involves effectively marketing the availability and convenience of the Clinic's services and dispelling any notion that a visit to a hospital emergency room is required for every medical incident. If communities are aware of nearby Free Medical Clinics and the services offered, people will be less likely to choose an emergency room for non-urgent care. There are several cost-effective means for marketing a Clinic's services. Free Medical Clinics can establish referral programs with local emergency departments by supplying them with pre-

arranged lists of nearby Clinics and the respective services offered. Emergency department staff should be encouraged to refer uninsured, non-emergent patients who meet certain criteria to Free Medical Clinics. A case manager might also determine when a Free Medical Clinic would be better suited than a hospital emergency department to manage a patient's care and make the referral after the patient is discharged.

In some instances, Free Medical Clinics and partner hospitals may consider a "deferral" program whereby the Free Medical Clinic provides care after a patient has been appropriately triaged in a hospital's emergency department. Studies have shown that Free Medical Clinics are capable of providing adequate care to deferred patients and that patients are generally open to being deferred from the emergency room. Partner hospitals must ensure their practices in referring or deferring patients are consistent with requirements under the Emergency Medical Treatment and Active Labor Act (EMTALA), which requires that a patient be appropriately triaged and stabilized before discharge or transfer to another medical provider.

Word-of-mouth can be another effective means to educate the patient community about the Free Medical Clinic and its services. The Free Medical Clinic might verbally explain the primary care services it offers to its own patients or post the same information on the Clinic's social media networks. Ninety-two percent of consumers trust word-of-mouth recommendations from friends and family over all other forms of marketing. Forty-two percent of consumers are more likely to purchase a product they learned about through social media. As such, Free Medical Clinics should use word-of-mouth and social media marketing to their advantage.

For a minimal cost, a Free Medical Clinic can post fliers throughout the community and create a website that contains information about the Clinic and the services offered. Free Medical Clinics can partner with local religious and social welfare organizations given the common clientele that each facility serves to help market services to the community. Teresa Brittain, the Executive Director of the Free Medical Clinic of Oak Ridge in Tennessee explained that "the ministers are the ones who will know who is sick and doesn't have insurance." The Clinic's management team should determine the best means to communicate with its specific patient population and, if needed, translate marketing materials into languages represented in the community.

PATIENT CARE ISSUES

Language and Other Communication Barriers

The term “effective communication” varies based on the method of communication used by the patient; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place. To ensure effective communication, the Free Medical Clinic should consult with the patient to determine the type of auxiliary aid needed, such as a sign language interpreter for the hearing impaired. The “Communication Request Form,” included as Exhibits A and B in the Justice Department’s settlement with INOVA Health Systems (Heisley et al v. INOVA Health System), is a good example of how the Clinic can determine a patient’s auxiliary needs.

Free Medical Clinics must provide effective auxiliary services, such as a speech-to-speech transliterator, to those who have speech disabilities. This is recommended especially if the person will be speaking at length, which would likely include the patient’s discussions with his or her physician at the Free Medical Clinic.

Consistent with the DOJ’s Barrier-Free Health Care Initiative, the federal government targets medical services and facilities in their enforcement measures to make sure the ADA’s goals are being met. Clinic organizers would therefore benefit from examining any issues related to ADA compliance to avoid civil penalties and compensatory damages.

Patient Intake

All patient care issues center around having a workforce that appreciates the socio-economic challenges of its patients and provides an atmosphere of sensitivity to those needs. A relatively simple but effective patient intake practice is to ensure that intake forms are clear, concise and, if possible, in the language that is generally used by a majority of the Clinic’s patient population (e.g., English and Spanish). The intake form should request only basic information that is essential for effective and safe care and reflect sensitivity to the patient’s potentially controversial medical history, the patient’s lack of formal health care experience, and the patient’s limited access to advanced or even basic medical care. Clinic volunteers and employed staff should receive training on how to explain to the patient why the requested information is necessary and how to help the patient complete the intake form. To the extent resources are available, Free Medical Clinics should consider using translators or staff who are fluent in the patient’s native language, which can positively impact patient outcomes because the patient’s questions can be answered and health information and treatment recommendations can be more fully understood.

Due to implementation of the ACA, information related to residency status, which historically had not been requested, is now becoming more important. Legal residents may have access to insurance programs that were not traditionally available to them. Intake personnel should be able to effectively explain why this information is being requested. In an effort to diminish the negative effects of this new information request, Free Medical Clinics may offer a “prefer not to respond” option, which would cover undocumented patients from affirmatively stating they are not legal residents. Intake personnel should, however, encourage legal residents to answer affirmatively in an effort to enroll them in applicable health coverage programs. Many Free Medical Clinics have or work with financial counselors who can assist legal residents with applying for and enrolling in health care programs.

Patient History and Reliability of Patient Records

Accurate and complete information is critical to the safe and effective provision of health care services, but in the context of the Free Medical Clinic, the challenge lies in determining how reliable the information is and how much patient history is necessary. Unfortunately, there is no perfect answer.

An accurate medical history may be unavailable for a variety of reasons, including language barriers, the absence of previous health care services, physical disabilities, mental illness, and dishonesty. Clinics may find that certain patient populations are more inclined to provide incomplete information during the intake process, so it is important that Clinic staff understand the sociological barriers and work to address them. Establishing trust may become easier with repeated visits as the patient and the staff gets to know each other better. Emphasizing the Clinic’s commitment to patient privacy and confidentiality throughout the intake and care process will help strengthen that trust.

Where medical records *are* available, Free Medical Clinics should use them to build and verify an accurate patient profile. Clinic providers should also make an effort to identify conflicts between medical evidence and patient claims or omissions to help guard the Clinic *and* the patients against negative consequences. A policy detailing the provider’s role in this process may be helpful. For example, reviewing the medical history with the patient to the extent there is concern about the history’s accuracy will ensure that the provider reviewed the information with the patient to identify potential discrepancies that may negatively affect patient care. In addition, a Clinic’s policy may require the provider to explain the objective consequences of noncompliance or dishonesty, which could include a discussion about the risks of drug interactions and other serious medical consequences that may result from incomplete or inaccurate information. Recruiting cooperative family members to help ensure and encourage compliance with provider recommendations may also be useful. Some situations may require

more direct investigative steps to obtain accurate information from a patient, such as requesting random blood tests or monitoring the patient's consumption of medication. These actions can protect against noncompliance, dishonesty or poor memory due to mental illness or age. These aggressive practices, while helpful in capturing accurate information about an individual, may, however, also discourage patients from seeking and receiving care at the Clinic. Further, this approach may be subject to restrictions under state law.

Another way to promote safe and effective patient care and reduce potential liability is to have the Clinic ask its patients during the intake process and at each visit to acknowledge in writing that they are providing full and accurate information. Alternatively, the Clinic may have each new patient sign a comprehensive acknowledgement and agreement form indicating that he or she will continue providing full and accurate information. State law may dictate whether a Clinic can require these types of acknowledgements as a condition for accepting a patient. If it is permitted under state law, Free Medical Clinics should consider making the execution of such acknowledgement and agreement forms a condition to receiving health care services or medications.

Privacy and Disclosure of Patient Information

The Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law administered by the U.S. Department of Health and Human Services (HHS) that establishes a standard for the protection of health information.

HIPAA applies to "Covered Entities." A Free Medical Clinic is a Covered Entity if it 1) furnishes, bills or receives payment for health care in the normal course of business and 2) sends electronically any health information in connection with a covered transaction (e.g., claims or encounter information, health care payment, coordination of benefits, claim status, or referral certification for which HHS has established standards under the HIPAA Transactions Rule).

Most states have enacted laws and regulations related to the privacy and confidentiality of individuals' health information. Such regulations are usually set forth in facility and/or professional licensure laws, requiring both licensed health care facilities and licensed health care professionals to maintain the privacy and confidentiality of patients' health information. Some state regulations may be stricter than HIPAA and impose different or additional restrictions on a Free Medical Clinic's use and disclosure of patients' health information. When undertaking a HIPAA analysis, the Free Medical Clinic should include an evaluation and preemption analysis of state privacy and confidentiality laws and regulations.

Alcohol and Drug Abuse Records and Other Sensitive Information

Free Medical Clinics that provide substance abuse treatment services are subject to additional privacy and confidentiality regulations beyond HIPAA. The federal regulations on Confidentiality of Alcohol and Substance Abuse Patient Records apply to federally-assisted alcohol and drug abuse programs and govern the confidentiality of and access to substance abuse treatment information. This regulation includes procedures for disclosure in different situations, including mandatory disclosures, court orders, and disclosures pursuant to a patient's consent. For example, substance abuse treatment records created by federally assisted alcohol and substance abuse programs may only be disclosed to law enforcement absent a patient's consent when ordered by a court. States may also limit permissible disclosure of substance abuse records to law enforcement to those who have been specifically compelled by court order or if the patient has specifically authorized disclosure in writing. Similar protections may exist under state law for various forms of other sensitive health information such as mental health records; Human immunodeficiency virus (HIV) and other Sexually Transmitted Diseases (STDs); genetic information; and certain reproductive information.

Mandatory Reporting

While medical privacy laws generally prohibit disclosures of health information, a notable exception exists for disclosures required by state laws, such as mandatory reporting of abuse victims or communicable diseases. These laws vary greatly from state to state, so the Free Medical Clinic should be knowledgeable about its state's mandatory reporting laws, particularly with regard to determining who is required to report and how the disclosure must be reported.

The majority of states have mandatory reporting requirements for child abuse, and the HIPAA Privacy Rule provision concerning child abuse permits Covered Entities to disclose protected health information (PHI) in accordance with state law. Some states have broadly required that all persons with certain knowledge of child abuse make a report, which could potentially impose obligations on a Free Medical Clinic's non-practitioner staff (e.g., the office clerk). Most states require reporting by those who, in their professional capacity, have reason to suspect child abuse, which would obligate health care providers observing evidence of abuse. Other states have enacted mandatory reporting laws specifying categories of people, usually including health care professionals, who are required to report evidence or knowledge of child abuse.

In addition, many states have compulsory communicable disease reporting laws requiring health care providers to inform public health authorities of specified communicable diseases, particularly for Acquired Immunodeficiency Syndrome (AIDS), Human immunodeficiency virus (HIV), and other Sexually Transmitted Diseases (STDs). If reporting of communicable

diseases is required as part of a public health authority's collection of disease information, such reporting would be permitted under the Privacy Rule provision that allows disclosures of PHI (generally, the patient's name, age, sex, address, and details of the illness) for public health activities. Free Medical Clinics should refer to specific state laws to ensure disclosure is limited only to the information required.

Record Requests from Law Enforcement Agencies

From time to time, law enforcement officials may require access to a patient's medical information or other evidence that is in the Free Medical Clinic's possession. Health information may be disclosed to them, however, only in certain situations. Clinic staff should receive training on how to cooperate with and respond to law enforcement officials while protecting patient privacy rights under HIPAA and state privacy laws. Where state laws are more restrictive than HIPAA, the state's privacy laws will apply (e.g., the health information may only be disclosed pursuant to court order under state law).



Locating Certain Persons and Reporting Certain Crimes

A limited amount of health information may be disclosed to law enforcement for purposes of identifying or locating a suspect, fugitive, material witness or missing person. The information must be limited to the minimum amount necessary and may only include name, address, date and place of birth, social security number, blood type and RH factor, injury, date and time of treatment, date and time of death (if applicable), and a description of distinguishing physical characteristics. Other information related to the individual's DNA, dental records, body fluid or tissue typing, samples, or analysis cannot be disclosed under this provision, but may be disclosed in response to a court order, warrant, or written administrative request.

Free Medical Clinics may respond to requests for health information regarding victims of violent crimes, but only if the victim agrees. If the victim is unable to agree due to his or her incapacity or other exigent circumstances, the Clinic may disclose the information if the law enforcement official represents that the PHI 1) is not intended to be used against the victim; 2) is needed to determine whether another was involved in the alleged crime; 3) the investigation would be materially and adversely affected by waiting for the victim's consent, and 4) the provider treating the patient believes in his or her professional judgment that disclosure is in the victim's best interest.

Free Medical Clinics may disclose health information to report abuse, neglect, and domestic violence to the agency or law official authorized by law to receive such reports. In the case of adult abuse and neglect, reporting is permitted if 1) the adult agrees; 2) the report is required by law; or 3) if expressly authorized by law and, based on professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations. If an adult's permission is not obtained, he or she must be notified of the report, unless the treating health care provider believes in his or her professional judgment that informing the patient would place the individual at risk of serious harm or the treating health care provider believes that informing the patient's personal representative would not be in the patient's best interest because the personal representative was responsible for the abuse, neglect or injury.

Prevention of Physical Harm

When consistent with applicable law and ethical standards, a Free Medical Clinic may disclose health information to law enforcement officials if reasonably believed necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public. Such disclosure may also be required in connection with the ethical duties of licensed providers or in connection with state law, such as the duty to warn potential victims of violent crime.

COORDINATING AND COLLABORATING WITH OTHERS

Social Workers and Behavioral Health Providers

Often times, challenging psycho-social issues can complicate a patient's prognosis or path to healing and act as barriers to effective care coordination, such as noncompliance with treatment, lifestyle-related medical conditions, caregiving deficits, and lack of prior planning. The Free Medical Clinic should incorporate social and case management resources into its health care services as medical interventions alone constitute only one aspect the interdisciplinary approach to patient care.

In the Clinic's effort to better coordinate care, a social worker can tap into community resources that will help the patient maximize his or her functioning and independence after leaving the Clinic. While costly, utilizing an Electronic Health Record (EHR) system can further help coordination of care by integrating with other Clinic records systems (e.g., lab, oral, behavioral health); facilitating communications with patients; enhancing patient encounters, leading to increased productivity; and improving information sharing among and between practitioners. If an EHR system is not a financially viable option, the Free Medical Clinic should consider other tools and resources that will help Clinic staff optimize information sharing and patient encounters.

Establishing partnerships with relevant community organizations that are representative of the entire continuum of care (e.g., other provider groups, community organizations, civic groups) will likely benefit the Clinic's internal coordination of care efforts and further help the Clinic build a system that encompasses the multidisciplinary aspects of health care. Marketing efforts and community outreach that identifies the Clinic as a new resource for the community will help increase the Clinic's visibility among, and potential partnership opportunities with, local organizations.

Local Hospital Emergency Departments

Free Medical Clinics generally provide primary, preventative, and chronic care in an ambulatory setting for underinsured patients with non-emergent conditions. Hospital emergency departments, on the other hand, provide acute care to stabilize the individual, regardless of the acuity of the patient's condition or ability to pay. As hospitals face decreasing reimbursements, collaborating with local Free Medical Clinics through referral programs can help hospitals control costs while strengthening the Clinic's mission and ability to provide a continuum of care.

Timely use of primary and preventive care services increases an individual's chances for better health, decreases his or her chances of being hospitalized for preventable conditions, and reduces the need for episodic care that patients would otherwise receive from hospital

Free Medical Clinics receive little to no state or federal funding. They do not receive HRSA 330 funds and they are not "Federally Qualified Health Centers" or "Rural Health Centers."

emergency departments because of medical conditions going undetected and untreated. The Free Medical Clinic can play an important role by educating the community on when it would be most appropriate to use the services of a hospital emergency department versus the Clinic setting. Emergency department staff and case managers will benefit from familiarizing themselves with the Clinic's services.

To strengthen the collaborative approach between hospital and Clinic, the Free Medical Clinic may partner with local hospitals to track hospital admissions and emergency department visits of Clinic patients and develop processes to schedule follow-up appointments. For example, a patient who received prenatal care from the Clinic can have her baby delivered by the same treating physician at the partner hospital, and the pediatrician who rounds at the partner hospital's nursery can treat see the same child for primary care visits at the Free Medical Clinic.

Continuity of care is enhanced directly through the Free Medical Clinic practitioner's ability to access the medical records of patients treated by the local area hospitals. For example, some Clinics have systems on which they can track hospital admissions and emergency

room visits, while others have privileges/agreements with nearby hospitals that allow them access to medical records of emergency room patients.

Ideally, the Free Medical Clinic physician should be able to access such records electronically from within the Clinic. For example, due to privileging at Early Memorial Hospital in Blake-ly, Georgia, physicians at the local Free Medical Clinic can access in real time the hospital's electronic medical records on computers located at the Free Medical Clinic, thereby allowing the Clinic's physicians to access emergency room visit records, lab results, and other information on Clinic patients. Arrangements like the one between Early Memorial and the local Free Medical Clinics enable continuity of care and provide an important link between all health care providers involved in caring for a patient. It is important to remain HIPAA-compliant as patient information is being shared among providers; however, there are exceptions that permit such sharing on a limited basis to ensure appropriate treatment of a common patient.

Although many Free Medical Clinics have adopted electronic health records or other similar technology in recent years, many still find it cost-prohibitive. Under these circumstances, a Free Medical Clinic should consider collaborating with other organizations that provide services to patients to identify how they can share information to create comprehensive patient records while maintaining the appropriate privacy and security requirements for Protected Health Information under HIPAA.

Free Medical Clinics should also consider requesting that emergency department physicians either schedule for the patient a follow-up visit to the Clinic upon discharge or send the follow-up order to the Free Medical Clinic for scheduling. A patient is more likely to comply with medical follow-up orders when the follow-up appointment is made upon discharge from the emergency department.

Specialty Care and Collaborating for Affordable Care

A Free Medical Clinic patient may, from time to time, need specialty or advanced care that is beyond the scope what the Clinic can provide. Referring such patients to a specialist can present an issue if the patient is uninsured and/or low-income and the specialist does not accommodate prices accordingly.

One way to overcome this challenge may be for Free Medical Clinics to seek volunteer referral networks of specialists who volunteer their services uncompensated or at reduced rates. Under this model, network coordinators schedule patients' visits to specialists, arrange for transportation and translation where needed, and handle the paperwork. The volunteer specialist could then provide specialty care at his or her typical place of business.

For example, a program in Central Iowa called the “Volunteer Physician Network” allows free Clinics and local volunteer physicians to pool resources and deliver specialty services to uninsured, underinsured, or undocumented patients. Similarly, Clinics may consider partnering with local hospitals to provide services as hospitals generally have financial assistance policies in place to minimize or eliminate the cost of care for low-income, uninsured patients. Free Medical Clinics may also consider marketing directly to local specialists to expand its circle of referral providers. For example, volunteer physicians from the Clinic can conduct one-on-one recruitment of their physician colleagues from local hospitals.

Social Welfare and Community Organizations

Local social welfare organizations can be powerful tools for community-based health initiatives and programs because of the vital social, public health, mental and behavioral, and general welfare services they provide to the community. Free Medical Clinics should consider collaborating with the organizations that are most compatible with the Clinic’s mission so as to gain community exposure and support while simultaneously delivering care to the underprivileged. These organizations will likely welcome the additional help that Free Medical Clinics can provide, and the Clinic will likely benefit from the increased exposure. A Free Medical Clinic may collaborate, for example, with the local United Way—an organization centered on youth education—to provide free health exams for children involved in the United Way program. Similarly, a Free Medical Clinic can coordinate with a local metropolitan ministries organization to provide health services to the poor and homeless. In the end, the goal of such partnerships should be to maximize available resources and create an effective and as comprehensive of a medical home for patients seeking care from a Free Medical Clinic.

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The American Health Lawyers Association is grateful to **Peter A. Pavarini** of Squire Patton Boggs (US) LLP for his vision and leadership, which made this project possible, and to **Mark A. Kadzielski** of Pepper Hamilton LLP and **John R. Holdenried** of Baird Holm LLP for their valuable contributions as chief editors and peer reviewers of this publication. Peter, Mark, and John's commitment to serving indigent communities and improving the lives of families in need is unparalleled and sets an example for all of us. Peter can be reached at peter.pavarini@squirepb.com; Mark can be reached at kadzielskim@pepperlaw.com; and John can be reached at jholdenried@bairdholm.com.

AHLA specially recognizes **Jennifer C. Hutchens** and **Rachel D. Ludwig** for their work in editing and coordinating the publication, as well as their strategic insight and vision for the guidebook.

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Special Thanks to our Public Interest Donors

The *Legal and Operational Guide for Free Medical Clinics* was made possible by the generosity of the American Medical Association Foundation and AHLA's Public Interest Donors. AHLA's Public Interest Donors contributing \$100 or more between January 1, 2014 and May 31, 2015 are recognized here for their support in helping turn the idea of this guidebook into a reality. For the complete list of all AHLA Public Interest Donors, please visit www.healthlawyers.org/donors.

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