

PARTNERSHIP AGREEMENT

The purpose of the FACES program is to work with you to make sure that you receive medical care, receive medications, and to educate you and support you in making good decisions about your health care. It is our hope that through our help you will be able to learn how to completely manage your own health care needs.

Our services are provided at no cost to you and all information you share is private.

As your needs change, the FACES worker who is assigned to work with you may change. Everyone at FACES is committed to working with you to support your physical and emotional health and well-being. To receive our services we require that you also give your commitment to work with our staff so that we can assist you in staying healthy.

FACES agrees to:

1. Find medical care for you if you do not have a doctor. If you are already in medical care, we will support you in staying in medical care with your doctor. We will also help you in teaching you how to talk to your doctor. If necessary we will go with you to your appointments.
2. Assist you in getting the medications that your doctor prescribes for you.
3. Provide education to you (and your family if you request) about your medical condition. We will explain to you how and why taking medications are important in keeping you healthy.
4. Provide education to you about test results related to your medical condition and why these tests are important.
5. Provide counseling to you to help you deal emotionally with your medical condition.
6. Contact you at least once each month to check on you and make sure your health needs are being met.
7. Provide support services to you that you need to keep you in medical care. These services are available based on your individual needs that may change over time. These support services may include, but are not limited to, legal assistance, mental health counseling and substance abuse treatment, housing assistance, food or nutrition assistance, transportation to medical appointments, peer support, or emergency assistance.

As a client of FACES, I agree to:

1. Provide information to FACES about where I am going to receive my medical care.
2. Inform my FACES case worker about when I have medical appointments.
3. Provide any lab test result to my FACES case worker that is related to my medical condition.
4. Work with my FACES case worker to make a plan that removes any barriers or problems that keep me from going to the doctor or taking my medications.
5. Contact my FACES case worker at least once each month to update you on my health.
6. Contact my FACES case worker if I have a change of address or phone number so that FACES can stay in touch with me.
7. Contact my FACES case worker in a timely manner for assistance so that emergency situations can be avoided.

We agree to work as partners in my health care.

Client Signature

Date

FACES Representative

Date

FACES PHONE: 821-4611

FACES FAX: 822-2084

FACES - Children's Hospital
New Orleans, LA