ALAMEDA COUNTY SHERIFF'S OFFICE
Medical Request Form
[Forma de la Petición de los Servicios Médicos]

Date/Time Form Submitted to Clinical Staff by Inmate:

_____/_____

- *Inmate – do not write in shaded area. [El interno – no escribe en área sombreada.]*
- *Place this form in the sick call box or give it to medical staff. [Poner esta forma en la caja enferma de la llamada o darla al personal médico.]*
- *If you do not complete all information, your appointment may be delayed. [Si usted no termina toda la información, su cita puede ser retrasada.]*
- *A copy will be given to you after the visit. [Una copia le será dada después de la visita.]*
- *You may be charged $3.00 for each health care visit. [Usted puede ser cargado $3.00 para cada visita del cuidado médico.]*

DATE [FECHA]	NAME [NOMBRE]: LAST [PASADO] FIRST [PRIMERO] MIDDLE [MEDIO]	DOB [NACIMIENTO]	PFN [ID]

HOUSING LOCATION [LOCALIZACIÓN DE LA CUBIERTA]

SRJ: UNIT [UNIDAD]_____POD/CELL [CÉLULA] _____ GDDF: FLOOR [PISO]_____POD/CELL [CÉLULA] _____

CO-PAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF

1. _____Patient not seen:_____NIC_____DUPLICATE_____NO SHOW_____REFUSED_____OTA
2. _____Visit was for diagnosis or treatment of communicable disease condition.
3. _____Visit was for a follow-up requested by the clinician.
4. _____Visit was NOT exempt from co-payment. Send ORIGINAL WHITE page to Accounting.

CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	DATE

_____ Inmate's Signature [Firma Del Interno]	Patient Refused to Sign ☐	_____ Witness if Patient Refused to Sign

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Date of Triage: Signature and Print/Stamp_____ Disposition:

☐Sick Call_____ ☐Specialty Clinic_____ ☐Other_____

RELEASE OF RESPONSIBILITY [LANZAMIENTO DE LA RESPONSABILIDAD]

I am refusing sick call due to [Estoy rechazando la llamada enferma debido a]:_____

Date [FECHA]_____ Inmate's Signature [Firma Del Interno]_____ Refused to Sign [Rechazado para Firmar] ☐

CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	Witness if Patient Refused to Sign

Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know.
[Decirnos abajo porqué usted desea ver a personal del cuidado médico. En el área abajo, anotar cualquier cosa que usted quisiera que el personal del cuidado médico supiera.]

Do you want an HIV test at this appointment? ☐ Yes ☐ No

WHITE: Accounting PINK: Health Services File CANARY: Inmate/Patient Revised 09/15/16

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IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

Effective January 1, 1995, California Penal Code Section 4011.2 was enacted. That law gave the Sheriffs and the Chiefs of Police permission to charge inmates a fee when they request a health care visit.

With some exceptions, **YOU WILL BE CHARGED** a three dollar ($3.00) co-payment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you may be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor / nurse.

The co-payment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 6 months, you will not be charged.

The co-payment of $3.00 for each visit may cover the examination by the doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and, in some cases, referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

- A life threatening emergency
- Mental health services deemed essential by the clinician
- Follow up health care services recommended by a doctor, nurse, or dentist
- Ongoing treatment and follow up of a diagnosed communicable disease (e.g. HIV, AIDS, and/or TB)
- Health care services necessary to comply with State law and regulations (e.g. annual TB testing)
- Reception center screening assessment and evaluation
- Inpatient services, extended care, or treatment related to pregnancy

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE THE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE!

INFORMACIÓN IMPORTANTE SOBRE SU VISITA DEL CUIDADO MÉDICO

¿Cuándo usted tiene que pagar una visita del cuidado médico?

De enero eficaz el 1 de 1995, sección penal 4011.2 del código de California fue decretado. Esa ley dio a los Sheriffes y a jefes del permiso del policía de cargar a internos un honorario cuando solicitan una visita del cuidado médico.

Con algunas excepciones, **LE CARGARÁN** honorarios del co-pago de tres dólares ($3.00) para cada visita del cuidado médico que usted solicite. Esto incluye las peticiones hechas para usted por el personal departamental, otros internos, su familia o su abogado. Si usted solicita los servicios que requieren a más de un doctor, usted puede ser cargado para cada visita inicial con cada doctor. Esto los medios si usted solicita servicios dentales y servicios médicos, le cargarán para la visita con el dentista y el doctor / enfermera.

El honorario del co-pago será cargado a su cuenta de fideicomiso. Si no hay bastante dinero en su cuenta de fideicomiso durante 6 meses, le no cargarán.

El co-pago de $3.00 para cada visita puede cubrir la examinación del doctor, de la enfermera, o del dentista. También cubrirá medicinas, pruebas de laboratorio, y, en algunos casos, remisiones prescritos a otros doctores.

LE NO CARGARÁN para las visitas del cuidado médico para las cuales estar:

- Una emergencia amenazadora de la vida
- Los servicios médicos mentales juzgaban esenciales por el clínico
- Servicios del cuidado médico de la continuación recomendados por un doctor, una enfermera, o un dentista
- Tratamiento y continuación en curso de una enfermedad comunicable diagnosticada (e.g. HIV, AIDS, y/o TB)
- Servicios del cuidado médico necesarios para conformarse con ley y regulaciones del estado (e.g. TB anual que prueba)
- Gravamen y evaluación de centro de la investigación de la recepción
- Los servicios el hospitalizado, el cuidado extendido, o el tratamiento se relacionaron con el embarazo

LE NO NEGARÁN CUIDADO MÉDICO SI USTED NO TIENE
¡DINERO EN SU CUENTA DE FIDEICOMISO PARA PAGAR EL HONORARIO!

Revised 6/24/11