



**Medical- Legal Partnership**

Medical-Legal Partnership Name \_\_\_\_\_

**Legal Services Program**

Check if Serving as Primary Contact for the Medical-Legal Partnership

Program Name \_\_\_\_\_

Program Address \_\_\_\_\_

\_\_\_\_\_

Program Director's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Medical Service Provider**

Check if Serving as Primary Contact for the Medical-Legal Partnership

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

\_\_\_\_\_

Medical Director/Contact Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Note: Please make additional copies of application pages as needed for each participating provider or program.



**Medical-Legal Partnership Attestation**

1. The entities submitting this application for Georgia Department of Community Health (DCH) approval as a Medical-Legal Partnership attest that, upon being designated, they will abide by the requirements stated herein.
2. The Medical-Legal Partnership will be conducted or established by a non-profit entity. The Medical-Legal Partnership shall submit proof of current nonprofit status from the records of the Georgia Office of the Secretary of State to DCH dated within ten (10) calendar days of submission of this application.
3. The legal services component of the program shall certify that each possesses the licenses and permits necessary to engage in the services rendered, and that each has the ability and experience to provide high quality, health-related legal services meeting the needs of the population to be served. Staff employed in the performance of the program should possess the qualification, training, licenses, and permits as may be required within the program's jurisdiction. Practicing attorneys must be in good standing and active members of the State Bar of Georgia. All medical service providers participating in the program must possess a valid operating certificate from the required licensing authority(ies) in Georgia for the operation of a medical practice, hospital, residential care facility, diagnostic and treatment center, hospice, or other licensed facility providing health-related services. Any students, interns, or residents participating in the legal or medical services programs must be supervised by qualified staff.
4. All parties in a Medical-Legal Partnership must adhere to their respective code of ethics. In representing the patient or client, legal service providers will abide by the Georgia Rules of Professional Conduct, including but not limited to rules related to declining or terminating representation, conflicts of interest, confidentiality of information, and identification of practice and specialty.
5. The Medical-Legal Partnership must agree to perform oversight to ensure patients/clients receive the professional expertise required for adequate representation of their particular legal needs. Legal services programs should establish procedures and parameters for representing patients/clients tailored to their existing practice areas and for making patient/client referrals when necessary.
6. Each party shall comply with applicable state and federal laws governing the access, transmission, disclosure, or other utilization of sensitive and/or protected health information.
7. The Medical-Legal Partnership shall submit a copy of the written agreement fully executed by authorized representatives of the medical service provider(s) and the legal services program(s). The legal services program(s) may be based within law schools. The agreement must be effective for at least one year; renewal provisions may be included. The agreement shall include statements evidencing the partnership's collaboration to provide legal services without charge to assist income-eligible individuals and their families in resolving legal matters or other needs that have an impact on the health of such individuals and families. The agreement will address the following operational matters, or the parties may submit supplemental documents evidencing the parties have agreed to address the following:

Note: Please make additional copies of application pages as needed for each participating provider or program.



- (a) Types of cases to be handled by the legal services programs such that the medical service providers will know who to refer.
  - (b) Process for referring patients/clients to the legal services programs based on an established protocol, including but not limited to agreement by patient/client to be referred for and engage legal services.
  - (c) Income eligibility criteria for the patients/clients served.
  - (d) Provision of legal services to eligible patients/clients at no charge.
  - (e) Agreement by medical service providers to identify on-site space for confidential meetings between the legal services program and patients/clients.
  - (f) Agreement by all parties to adhere to patient/client confidentiality and to obtain the patient/client's consent to access confidential medical records as needed, in compliance with Georgia and federal law.
  - (g) Agreement by all parties to address patient/client complaints in a prompt and thorough manner.
  - (h) Provisions delineating how and on what basis a party may terminate the agreement, and protocols to notify patients/clients if the Medical-Legal Partnership agreement is terminated and for continued handling of legal matters at no cost to the patient/client.
8. The Medical-Legal Partnership shall notify DCH within 30 days if the Medical-Legal Partnership terminates or is terminated or if significant changes occur within the Medical-Legal Partnership agreement, such as a change to participating medical services providers or legal services programs.

Medical Services Provider \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Services Program \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note**

Submission of a completed Medical-Legal Partnership Attestation Form does not constitute designation until the Georgia Department of Community Health issues a letter of approval.

Submit completed Medical-Legal Partnership Application and required documentation to:  
 Georgia Department of Community Health  
 Office of General Counsel  
 2 Peachtree Street, N.W., 40<sup>th</sup> Floor  
 Atlanta, GA 30303



List of Documents to be submitted with Application

- Proof of current nonprofit status from the records of the Georgia Office of the Secretary of State dated within ten (10) calendar days of submission of this application
- Copy of Medical-Legal Partnership Agreement
- Documentation to supplement Partnership Agreement (refer to Item 7 herein).