



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 recertification for Georgia Department of Community Health (DCH) approval as a Medical-Legal Partnership attest to the requirements stated herein.
2. The Medical-Legal Partnership designated above continues to exist as a Medical-Legal Partnership and has not been dissolved.
3. The Medical-Legal Partnership will be conducted or established by a non-profit entity.
4. 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.
5. All parties in a Medical-Legal Partnership must adhere to their respective code of ethics.
6. 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.
7. 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.

Medical Services Provider Signature Date
Legal Services Program Signature Date

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



Submission of a completed Medical-Legal Partnership Recertification Request does not constitute recertification until the Georgia Department of Community Health issues a letter of approval.

Submit completed Medical-Legal Partnership Recertification Request to:

Georgia Department of Community Health  
Office of General Counsel  
2 Peachtree Street, N.W., 40<sup>th</sup> Floor  
Atlanta, GA 30303