

Patient Name:

DOB:

Date:

Patient Information Sheet: Form Completion Guidelines

At UFHC, your care is our priority. In order to support you while maintaining high standards and compliance, please carefully review our guidelines for form completion.

What You Need to Know

1. What types of forms are covered?

Requests such as the following fall outside routine medical care and are not included in a standard visit. We will schedule a dedicated appointment.

- School or camp forms
 - FMLA paperwork
 - Long-term care or life insurance forms
 - Veterans Affairs documents
 - Disability forms
 - Employment-related forms (e.g., return-to-work or work restrictions)
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2. Who is eligible for form completion?

To be eligible, you must:

- Be a UFHC patient for **at least one year**, or have had **six or more visits**,
AND
- Have been seen **within the last 6 months**.

✦ Note: Based on your condition, your provider may determine that a specialist should complete your form. We can provide a list of trusted referral providers for disability-related matters.

3. Disability and Work-Related Forms

UFHC providers **do not provide legal disability determination**.


If your form requests:

- A decision about your ability to work
- Functional assessments

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 You will be referred to an appropriate specialist (e.g., physiatry, occupational medicine, physical medicine).

Form Completion Process

STEP 1: Schedule a dedicated office visit.

We do **not** accept walk-in or drop-off forms. This dedicated scheduled visit ensures your provider can review and discuss the form properly. If your provider has sufficient information and decides to complete the form, it will be done within 10 days of your visit."

STEP 2: Bring your form to the visit.


- Obtain the form from your employer, insurance, or agency.
- Complete the patient portion before your appointment.
- Please sign any required Release of Information allowing us to release medical information per HIPAA regulations.

STEP 3: Pay applicable charges.

If the service is **not covered by insurance**, you will be responsible for the charge directly. Standard visit charges and clinic policies apply.

After Your Form Is Completed

- A copy will be kept in your permanent medical record.
- If you need another copy:
 - **Contact the Medical Records Department**
 - Or use the **Patient Portal** to access your records electronically.

 *Providers cannot release records directly. Please do not contact them for copies.*

! Important Reminders

- Providers are legally responsible for any information they sign. Forms will be filled out with care to avoid errors that may affect your case.

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- Providers have full discretion to refuse to fill out or sign forms requested.
- Do not leave forms at the front desk or with your provider without an appointment. We cannot accept responsibility for lost or incomplete paperwork.

Patient Acknowledgment & Signature

I have read and understood the **UFHC Form Completion Guidelines**. I acknowledge that:

- I must schedule a dedicated visit for form completion.
- I am responsible for any charges not covered by insurance.
- I must complete my portion of the form prior to submission.
- Copies of forms can only be obtained through the Medical Records Department or the Patient Portal.

I agree to follow the process outlined above and understand that failure to do so may delay form completion.

Patient Name (Printed): _____

Date of Birth: _____

Signature: _____

Date: _____