

Matthew 25 Community Services Department Client Agreement

Waiver of Liability for Transportation Services

Client Name: _____

Client Address: _____

City, State, ZIP Code: _____

Contact Number: _____

Introduction:

Matthew 25 AIDS Services (“Matthew 25”) provides transportation services to qualified individuals to assist with their medical appointments, therapy sessions, and other essential needs. We are committed to offering safe and reliable transportation; however, it is important to recognize the potential risks involved in the service.

Transportation Assistance Includes, But Is Not Limited To:

1. **Medicaid Transportation Systems:** Medicaid transportation services vary by state and have specific requirements. Please consult your Case Manager (CM) for guidance on utilizing these services.
2. **Bus Tokens for Local Transit:** Matthew 25 provides bus tokens for local transit in Henderson, Owensboro, and Bowling Green, Kentucky, as well as Evansville, Indiana.
3. **Gas Cards:** Gas cards are available to cover expenses for personal transportation or for travel provided by friends or family members.
4. **Taxi or Uber Health Booking Assistance:** Assistance with booking taxis or Uber Health services.
5. **Transportation Services Provided by Matthew 25:** This includes transportation services arranged through shuttle services, or employees of Matthew 25.

Patient Responsibilities for Bus Tokens or Gas Cards:

1. Matthew 25 is not liable for any lost or stolen bus tokens or gas cards.
2. Requests for gas cards **must be submitted at least 7 days before your scheduled appointment**, in order to be mailed to you. For gas card requests, please contact your Case Manager.
3. If you wish to pick up gas cards from an office location, you must request them at **least 2 days in advance**.
4. You are required to return receipts for gas card use and proof of appointment attendance to your Case Manager.
5. In the event that a gas card is declined at the pump, you must provide proof of the decline to your Case Manager before a replacement card will be issued.

Transportation Provided by Matthew 25 (Driver, Shuttle, or Uber):

1. **Cancellation Policy:** If you need to cancel a scheduled pickup time of 9:00 AM, please contact the On-Call phone at 270-860-1287. For all other cancellations, provide at least 24 hours' notice by calling the nearest Matthew 25 office, request to speak to Community Services Team, Case Manager or Reception staff.
2. **Service Scope:** Matthew 25 will provide transportation exclusively to medical and dental appointments, as well as activities organized by Matthew 25.
3. **Scheduling Requirements:** Transportation requests must be made at **least 7 days prior to your appointment**. Requests made with less notice may not be accommodated, as transportation is scheduled on a first-come, first-served basis.
4. **Special Needs:** Please inform us of any specific needs or accommodations at the time of scheduling your transportation.
5. **Additional riders:** Matthew 25 is prohibited from transporting children age 1-18. Matthew 25 can transport other adults for patient support. Please notify Matthew 25 staff if there will be additional passengers.
6. **Arranging or Modifying Transportation:** To make changes to your transportation or to arrange new services, please contact your Case Manager (CM), the Community Services Coordinator (CSC), or Community Services Team Member.
7. **Probation Policy:** Matthew 25 reserves the right to place a patient on probation for issues such as last-minute changes before the scheduled pick-up time, no-shows, or significant violations of patient responsibilities.
8. **Courtesy and Conduct:** Please be respectful towards drivers and fellow passengers at all times.
9. **No Smoking Policy:** Smoking is strictly prohibited in all Matthew 25 vehicles.
10. **Seatbelt Requirement:** Seatbelts must be worn at all times while in the vehicle.
11. **Personal Belongings:** Please ensure you clean up after yourself and take all personal belongings when exiting the vehicle. Matthew 25 is not responsible for items left behind.
12. **Confidentiality:** Matthew 25 Transportation staff have signed confidentiality agreements and are required to maintain the privacy of your information.
13. **Reporting Issues:** Any transportation-related issues should be reported to the Director of Community Services at our Henderson location.

Patient Communication Options for Matthew 25 Transportation Services:

Acknowledgment:

- I acknowledge that SMS text messaging is not a secure form of communication, and messages are not encrypted.
- I understand that there is no guarantee that SMS messages will not be accessed by individuals other than the intended recipient once they are delivered to a mobile device.
- I recognize that telecommunication providers involved in transmitting SMS messages are not governed by HIPAA regulations.
- I acknowledge that I may choose to provide my cell phone number to Matthew 25 Transportation Staff for the purpose of transportation-related communication.
- I understand that the cell phone numbers used by Matthew 25 Transportation Staff to contact me for transportation purposes are not the drivers' personal numbers. These

numbers are not maintained after business hours and may be monitored by multiple staff members.

- I am aware that Matthew 25 Transportation Staff will not transmit any protected health information via SMS text from transportation cell phone numbers.
- I accept the risk involved if I choose to send identifying information or personal health information to Matthew 25 Transportation Staff via SMS, and I agree not to hold Matthew 25 staff or the organization responsible for any potential issues.
- I understand that it is my responsibility to inform Matthew 25 of any changes to my phone numbers or addresses.

Please indicate your preferred method of communication for transportation purposes. Select only one option:

_____ I prefer to receive SMS text messages and phone calls from Matthew 25 Transportation Staff.

_____ I prefer to receive phone calls only from Matthew 25 Transportation Staff.

_____ I prefer to receive SMS text messages only from Matthew 25 Transportation Staff.

_____ I do not wish to receive SMS text messages or phone calls from Matthew 25 Transportation Staff.

RELEASE OF INFORMATION

I authorize the use and disclosure of the above named individual's identifiable information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, that organization may also disclose identifiable information. If this happens, I understand that my information may no longer be protected by federal privacy regulations.

1. Information is to be released from: Community Services Staff

Information is to be released to: **Zack's Kitchen Volunteers, Transportation Services-not limited to Uber, Medicaid shuttles, taxi services, etc.**

2. Specific information to be disclosed:

(X) Name, address and phone number

3. The information may be used or disclosed for the following purposes:

() Food Delivery () Transportation Services

4. I understand that if I sign this authorization, I will be provided a copy upon request. I understand this authorization will be effective on the date it was received by the Director of Community Services.

5. I understand that I may refuse to sign this authorization. If I refuse to sign this authorization, I will not be able to receive assistance from the Community Services Department.

6. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and may not be protected by privacy laws or regulations after being re-disclosed.
7. I understand that I may revoke this authorization at any time by notifying the Director of Community Services or Privacy Officer in writing at the address above. I understand that the revocation will not be effective until it is received by the Director of Community Services and that the revocation will not apply to information that has already been released in response to this authorization.
8. This authorization will expire on: date _____ or event _____, unless revoked. If I fail to specify an expiration date or event, this authorization will expire 1 Year from the date on which it was signed.

Acknowledgment of Risks:

I, the undersigned, understand that using Matthew 25's transportation services involve certain risks, which may include, but are not limited to, vehicle accidents, unexpected delays, or complications arising from my medical condition during transport. I acknowledge that Matthew 25 and its representatives will take all reasonable precautions to ensure my safety but cannot eliminate all risks.

Waiver of Claims:

In consideration of Matthew 25 providing transportation services, I hereby waive and release Matthew 25, its employees, ~~volunteers~~, agents, and affiliates from any and all claims, demands, actions, or causes of action for any injuries, damages, or losses that may occur during the course of transportation, except in cases of gross negligence or willful misconduct by Matthew 25.

Assumption of Responsibility:

I voluntarily agree to use Matthew 25's transportation services and assume full responsibility for any risks associated with the transportation. I understand that my participation is voluntary and that I have the right to decline the use of these services at any time. I understand that my use of these services carries a duty of cooperation with Matthew 25.

Legal Capacity:

I confirm that I have the legal capacity to enter into this agreement and that I fully understand its terms. If signing on behalf of the client, I confirm that I am the legal guardian or authorized representative and have the authority to execute this waiver on their behalf.

Indemnification:

I agree to indemnify and hold harmless Matthew 25, its employees, ~~volunteers~~, agents, and affiliates from any claims, damages, or liabilities arising out of or related to my use of these transportation services.

Signature and Date:

By signing below, I acknowledge that I have read, understood, and agreed to the terms of this waiver.

Client Signature: _____

Legal Guardian/Representative (if applicable): _____

Date: _____

Matthew 25 Representative: _____

Date: _____