

AGREEMENT TO PARTICIPATE in the "NAME OF MLP" MEDICAL-LEGAL PARTNERSHIP

"Name of MLP" Medical-Legal Partnership ("Name of MLP" MLPs, "we", "us") will try to give you legal information about the issue you want to discuss.

1. "Name of MLP" MLP attorneys work for "Name of Legal Partner". We do not work for your healthcare provider, and your healthcare provider does not control or endorse our legal services.
2. "Name of MLP" MLPs services are free. However, if there are court costs, you may be responsible for paying those.
3. You will have an attorney-client relationship with us. This means we will keep any information you give us private, except for a few reasons:
 - a. The purpose of "Name of MLP" MLPs is to allow "Name of MLP" MLP attorneys to work as part of your healthcare team. We may share information with your healthcare provider about your issue.
 - b. By law, everyone in our state is required to report abuse and neglect of children, people with disabilities, or the elderly. This means we may have to report information you share with us to a state agency.
 - c. We may also share your information to prevent death, injury, or serious harm; to prevent fraud in court; or for other reasons allowed or required by law.
4. We cannot guarantee legal services, but we will get more information to decide if we can help you.
5. We will not represent you against a healthcare provider, a health department, or anyone similar.
6. We will check for conflicts of interest to see if we have represented someone whose interests are against yours. If we have a conflict, we may refer you to another attorney.
7. If you have a complaint against an attorney, including us, you can call the State Bar at "phone number".
8. If you start services with us, you can stop at any time. If you stop services and want to cancel this agreement, you must tell us in writing.
9. Whether or not you receive services from us, you can continue to receive health care from your medical team.

I have read this agreement and asked any questions I have about it. You have explained it, and I agree.

_____	_____	_____
Date	Patient/Guardian/Caregiver Signature	Patient/Guardian/Caregiver Name
_____	_____	_____
Date	"Name of MLP" MLP Attorney Signature	"Name of MLP" MLP Attorney Name

USE OF CASE FACTS

Your case facts could help us teach others about the law and why it matters for health. We will not use any information that would identify you or your family when teaching others. Please initial below.

_____ I approve the use of my case facts. _____ Please do not use my case facts.