



# Medical-Legal Partnership

Patient Information and Referral Consent Form

\_\_\_\_\_ has been referred to our legal partners for assistance with \_\_\_\_\_.

## **I. What is a Medical-Legal Partnership (MLP)?**

We noticed during your visit that your child/family may be experiencing a legal problem that is negatively impacting their health. MLP allows us to refer you to lawyers from our partners at Legal Aid of North Carolina for assistance.

## **II. What should you know about Legal Aid of North Carolina?**

Our partners at Legal Aid are here to help you. There are three things that you should know about them:

1. Assistance from Legal Aid of NC is free of charge.
2. Information that you share with them during the intake process is confidential.
3. They will need to determine whether you are eligible for assistance. To do this, they will need to ask you questions about your financial situation and

While Legal Aid of NC can't help everyone, many of our patients are eligible for their help.

## **III. How can Legal Aid help you?**

Legal Aid advocates do more than go to court! Many times, they can resolve issues by providing legal advice, or by negotiating on your behalf. The help that they provide depends on the merit of your case and what you decide you are comfortable with.

## **IV. When will you hear from them?**

An advocate from Legal Aid will contact you within three days of when the referral was submitted. If you do not hear from them, you should talk to the health professional that referred you.

# Patient Consent to Be Referred to Legal Aid of North Carolina

I authorize the health care provider named below and other health care providers at the medical institution named below to:

- Talk with the staff of Legal Aid of North Carolina's Medical-Legal Partnership (MLP) program about my child's/family's legal problem to see if they can assist me or refer me to other resources.
- Discuss my child's/family's legal problem with my child/family's health care providers if that might help to resolve the problem.
- Discuss parts of my child's/family's health record that are relevant to the legal problem.

In addition, if any of the following boxes are checked, I authorize health care provider named below and other health care providers at the institution named below to:

- ☐ Receive updates from Legal Aid of North Carolina about whether they can provide my child/family with legal assistance.
- ☐ Receive updates from Legal Aid of North Carolina about the status of any ongoing legal assistance provided.
- ☐ Receive updates from Legal Aid of North Carolina about outcome of any assistance provided at its completion.

\_\_\_\_\_  
Signature of Patient/Parent/Representative

\_\_\_\_\_  
Date

Was the patient/parent/representative unable to sign because consent was not received in person? If so:

\_\_\_\_\_  
Method of Consent (Phone, Email, etc.)

\_\_\_\_\_  
Date and Time Consent Received

\_\_\_\_\_  
Signature of Referring Health Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Professional's Medical Institution

\_\_\_\_\_  
Date