



**MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT**

Prevent. Promote. Protect.

2868 North Pennsylvania Street |
Indianapolis, IN 46205

PH 317-221-3400 | FAX 317-221-3516

NAME: _____

DOB: _____

HD#: _____

Welcome to the ACTION Health Center!

On behalf of the ACTION Health Center, we welcome you to our office! We are pleased that you have selected us for your medical needs.

We want you to know that we are committed to providing you with the highest quality of care and health care promotion.

Patients are primarily seen by appointment. We make every effort to ensure that you are seen in a timely manner. Arriving on time for your appointment is very important to the care we strive to provide. New patients should arrive 20 minutes prior to your appointment to fill out paperwork. If you are 15 minutes late or more, you may be asked to reschedule your appointment.

If you need to cancel, please do so 24 hours in advance in order to help us accommodate other patients.

For NEW clients under the age of 18, a parent or legal guardian must be present, unless you are an emancipated minor or a patient 13 years or older, or here to receive sexually transmitted infection services.

Please refrain from using cellular phones in the patient rooms.

No eating or drinking is allowed.

Please have a picture identification and your insurance card available for each appointment.

For payments required, we accept check, cash or credit card.

We reserve the right to dismiss a patient for violating the provider or clinic-patient relationship.

I have read the above information and understand the policies.

Date _____

Patient name _____

Signature of parent or guardian _____