

Family Health Center Patient Centered Medical Home Welcome Handbook

November 2016



Check our website www.cowlitzfamilyhealth.org for a complete listing of locations, hours and services available at each location

WELCOME

Thank you for choosing us as your health care provider. We provide patient centered medical, dental, family planning, behavioral health, substance use disorder, WIC, Maternity Support/Infant Case Management, Parent Child Assistance, outreach, care coordination and health education services.

We believe that everyone deserves high quality compassionate care. We do this by providing comprehensive health services and education, regardless of circumstances or income. Together we improve quality of life and transform our communities.

WE ARE YOUR MEDICAL HOME

Your health care team includes you, medical and behavioral health providers, nurses, counselors and social workers, dentists, dieticians, and other clinical and support staff. If you like, your health care team can also include your family or friends.

We provide education, prevention and wellness, acute care and the management of chronic conditions. We collaborate with you to organize your health care across all parts of the health care system, including specialty care, hospitals, home health and other community services.

We are committed to quality improvement and do our best to make sure that you have the support you need to make informed decisions about your health.

AFTER HOURS

If you need medical advice after your clinic is closed:

- Call your clinic's phone number and follow the message prompts to reach our answering service and on-call provider
- Call the Community Health Plan of WA 24-hour Nurse Advice Line at 1-866-418-1002

IF YOU ARE HAVING A MEDICAL EMERGENCY CALL 911

HEALTH INSURANCE

Having health insurance can help you manage your health care needs. Our staff is ready to help you apply, renew or review your health insurance coverage. Call any of our locations for an appointment. Appointments are free and open to anyone, not just our patients.

FEES

We serve all patients, regardless of inability to pay. We accept Medicare, Medicaid (WA Apple Health), Tricare, most private insurances, and private pay for payment.

We encourage you to apply for our sliding fee scale. Filling out our a sliding fee application and bringing proof of income allows us to offer you discounts based on your family size and income, even if you have health insurance.

You are responsible for all charges not covered by insurance. Let us know if you need us to consider special circumstances that affect your ability to pay. Payment plans are available by request.

APPOINTMENTS

Most services are by appointment. Contact the location of your choice to make an appointment.

We try to make your appointments with your preferred provider when you would like to schedule your appointment, but that is not always possible. Please schedule your routine and preventive care appointments in advance. We also have same day appointments available. Call the location of your choice at 8 AM if you want to schedule a same day appointment. When same day appointments are not available, you may walk into the clinic and wait for a no-show or cancellation. If we have appointment slots open up we will fit you in.

ARRIVAL AND CHECK IN

New Patients should check in 30 minutes before their appointment to fill out paperwork. Established Patients should check in 15 minutes before their appointment.

If you are unable to check in by your appointment time, we will cancel your appointment. You may reschedule your appointment or wait for a fit-in. Let us know if it is hard for you to make it to your appointments on time because of transportation or other issues. Our staff can help connect you to resources.

INFORMED CONSENT

All our services are voluntary. We ask you or your designated representative to consent to participating in our services. Under Washington law, the age to give consent for health care is 18 years and generally, a parent or guardian must consent to services for their children under the age of 18. A person under the age of 18 may be able to give consent for treatment and care for conditions relating to pregnancy, abortion, sexually transmitted diseases, mental health, substance abuse, family planning.

What Is a Patient-Centered Medical Home (PCMH)?

It's not a place... It's a partnership with your primary care provider.



PCMH puts **you** at the center of your care, working with your health care **team** to create a **personalized plan** for reaching your goals.

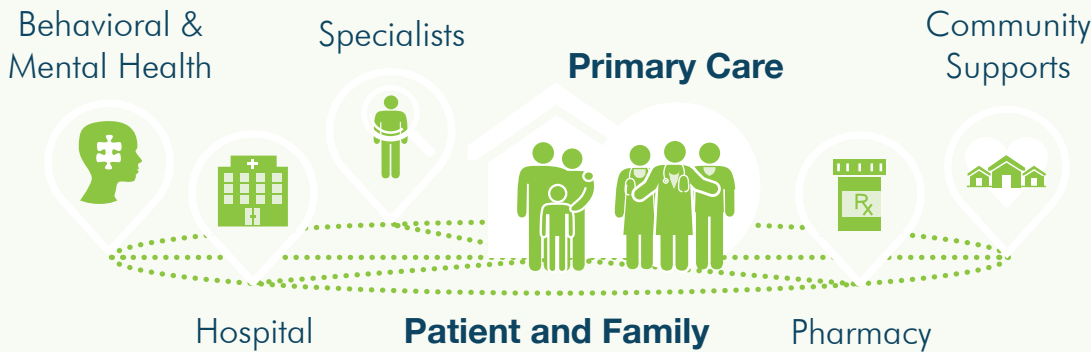


Your **primary care team** is focused on getting to know you and earning your trust. They care about you while caring for you.



Technology makes it easy to get health care when and how you need it. You can reach your doctor through **email**, **video chat**, or after-hour **phone calls**. **Mobile apps** and **electronic resources** help you stay on top of your health and medical history.

As you pursue your health care journey, you may make stops at different places:



Wherever your journey takes you, your **primary care team** will help guide the way and coordinate your care.

Studies show that PCMH:



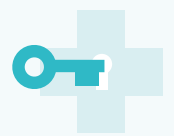
Provides better **support** and **communication**



Creates **stronger relationships** with your providers

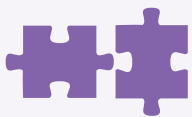


Saves you **time**



To learn more about the PCMH, visit www.pcpc.org

A Patient-Centered Medical Home is the right care at the right time. It offers:



Personalized care plans you help design that address your health concerns.



Medication review to help you understand and monitor the prescriptions you're taking.



Coaching and advice to help you follow your care plan and meet your goals.



Connection to **support and encouragement** from peers in your community who share similar health issues and experiences.

MAKE THE MOST OF YOUR VISIT

One way you can make sure you get good quality health care is to be an active member of your health care team. Patients who talk with their health care providers tend to be happier with their care and have better health results.

BEFORE YOUR APPOINTMENT

- Bring all the medicines you take to your appointment, including prescription medicines, non-prescription medicines, vitamins and dietary or herbal supplements.
- Write down the questions you have for the visit. Know your current medical conditions, past surgeries, and illnesses.

DURING YOUR APPOINTMENT

- Explain your symptoms, health history, and any problems with medicines you have taken in the past.
- Ask questions to make sure you understand what your health care provider is telling you.
- Let your health care provider know if you are worried about being able to follow his or her instructions.
- If your health care provider recommends a treatment, ask about options.
- Find out what to do next. Ask for written instructions, brochures, videos, web sites.

AFTER YOUR APPOINTMENT

- Always follow your health care provider's instructions.
- If you do not understand your instructions after you get home, call your health care provider or send a message to your provider through MyChart.
- Talk with your health care provider or pharmacist before you stop taking any medicines that your health care provider prescribed.
- Call your health care provider if your symptoms get worse or if you have problems following the instructions.
- Make appointments for lab tests or other services recommended by your provider.
- Call your health care provider's office or check your MyChart account to find out test results. Ask what you should do about the results.

RECORDS

You can authorize us to release your records to another provider or get copies of the records yourself by filling out a record release form or calling our medical records department at (360) 636-3892. There may be a charge for releasing the records. Please ask any other providers you have seen to send your records to us. Obtaining your complete health care information helps us to provide your care.



Online access to your medical chart – any time of the day or night

In partnership with OCHIN, who supports our clinic's electronic health record system, we are offering our patients secure, online access to their personal medical charts.

Using the OCHIN MyChart, patients can have online access to their medical information, any time of the day or night.

See what your provider sees:

- Medications, lab results, allergies, immunizations
- Access health education information
- Review your discharge instructions

Stay in touch with your provider:

- Send your provider a secure email message

Manage your appointments:

- Request an appointment
- See details of past or upcoming appointments

Security and Privacy:

- OCHIN MyChart is safe, secure and private
- OCHIN MyChart is password protected and sent to you using an encrypted connection that won't allow others to see your information

Getting access is easy:

- Ask your provider to turn on access for you today!
Or
- Call 360-636-3892 and ask for the Help Desk Specialist!

Download the Mobile App!

1. Go to the app store on your phone and search "MyChart"
2. Download and install the "MyChart" app
3. Accept the "End User License Agreement"
4. Search for and select "OCHIN" as the "Healthcare Provider"
5. Enter your username and password
6. Log In and interact!

Link to OCHIN MyChart web site: <https://mychart.ochin.org/>

REQUESTING COPIES OF YOUR RECORDS

Call the Medical Records Department at 360-636-3892 for more information.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

NON-DISCRIMINATION

It is the policy of Family Health Program that no person shall be subjected to discriminations because of race, color, national origin, sexual orientation, age, religion, creed, marital status, disability, or the presence of any physical, mental, or sensory handicap.

PATIENT RIGHTS:

- The Family Health Center has the responsibility to provide patients with easily understood information and the opportunity to decide among treatment options consistent with the informed consent process. Specifically to,
 - Discuss all treatment options with a patient in a culturally competent manner, including the option of no treatment at all.
 - Ensure persons with disabilities have effective communications with members of the health care system in making such decisions.
 - Discuss all current treatments a patient may be undergoing, including those alternative treatments that are self-administered.
 - Discuss all risks, benefits and consequences to treatment or no treatment.
 - Give patients the opportunity to refuse treatment and to express preferences about future treatment decisions.
 - Discuss the use of advance directives -- both living wills and durable powers of attorney for health care -- with patients and their designated family members.
 - Abide by the decisions made by our patients and/or their designated representatives consistent with the informed choice process.
- Patients have the right to considerate, respectful care from all members of our health care team, at all times and under all circumstances.
- Patients have the right to communicate with health care providers in confidence and to have confidentiality of their individually identifiable health care information protected. Patients also have the right to review and get copies of their own medical records.
- Patients have the right to receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability.
- Patients have the right to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
- Patients have the right to be free of any sexual harassment and of exploitation, including physical and financial exploitation.
- Patients have the right to review their clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
- Patients have the right to receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with Cowlitz Family Health Center or regulatory agencies if they believe their rights have been violated or they believe Cowlitz Family Health Center has violated a law or regulatory requirement.

PATIENT RESPONSIBILITIES:

- Patients have the responsibility for maximizing healthy habits such as exercising, not smoking, and eating a healthy diet.
- Patients have the responsibility to be involved in decisions about their health care.
- Patients have the responsibility to work collaboratively with health care providers in developing and carrying out agreed upon treatment plans.
- Patients have the responsibility to disclose relevant information and clearly communicate their wants and needs.
- Patients have the responsibility to use the Family Health Center's internal complaint process to address concerns that may arise.
- Patients have the responsibility to avoid knowingly spreading disease.
- Patients have the responsibility to recognize the reality of risks and limits of the science of medical, dental, behavioral health and other forms of healthcare and the human fallibility of the health care professional.
- Patients have the responsibility to be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Patients have the responsibility to show respect for other patients and Cowlitz Family Health Center staff.
- Patients have the responsibility to make a good faith effort to meet financial obligations.
- Patients have the responsibility to abide by administrative and operational procedures of the Cowlitz Family Health Center.

COMPLAINTS

Our goal is to provide quality services, which satisfy our patients. We are committed to resolving patient complaints at the lowest level in the organization possible in a timely manner. If you have a complaint, please contact the site manager for help filing the complaint. We will respond to all complaints within 30 working days of filing the complaint. Patients are encouraged to bring their complaints to the attention of a CFHC staff member promptly.

TOBACCO AND SMOKE FREE CAMPUSES

All of our locations are smoke, tobacco and vapor free. Please smoke, vape or use tobacco products off FHC property. Ask your care team for resources if you are ready to quit. Thank you for your cooperation!