



The Health Center

P.O. Box 320, Plainfield, VT 05667
(802) 454-8336/Phone (802) 454-8339/Fax

Patient Quick Reference Guide

Health Care The Way It Ought To Be.

Our Mission

To provide comprehensive health services to meet community needs, regardless of the ability to pay; to ensure that those services are of high quality and are patient oriented; to provide comprehensive health education to our patients and to our community; and to contribute to the progress of medicine through teaching, research, and writing when the opportunity allows.

Welcome! Thank you for choosing us to be your health care providers!

We offer a full range of services - medical, dental, mental health, nutrition, pharmacy, physical therapy, Vermont Health Connect application counselors to help you apply for health insurance, and care coordination. We work hard to provide these with skill, caring and compassion. We think that prevention and patient education are very important tools for good health, and strive to make The Health Center a model for health care in rural communities.

We receive funding from the federal government as a Federally Qualified Health Center (FQHC). We provide care no matter how it is paid for. We accept Medicare, Medicaid and most other health insurances. Services can also be paid for directly by patients. We are required to gather certain information about who we serve and the services we provide. This is why we ask that you fill out the forms in the new patient packet, and you may occasionally be asked to fill out other forms or complete brief surveys.

We encourage you to review this guide and keep it handy. This guide will answer many of the questions you might have about The Health Center. If you still have questions after reading this guide and your new patient packet, please call our Care Coordinator at (802) 322-6600 to ask!

*We look forward to working together
with you to meet your health care
goals and needs.*

-Your Health Care Team

Our Team Philosophy

We have a team of physicians, physician assistants (PA), and a nurse practitioner (NP) who work together to provide high quality, patient-centered care. We each have complementary knowledge and experiences, and our patients benefit from our practice-wide collaboration so that each patient is getting the very best care. We do not assign a primary care provider, but encourage patients to choose who they see based on chemistry and continuity.

To both enhance the way our providers can collaborate in your care and to help you to see the same providers at most of your visits, we invite you to choose a "team" comprised of 2-3 providers. Whenever possible, we will schedule your routine appointments with these providers, whom you know and who know you best. Obviously, if you need to be seen urgently we will still fit you in with whomever is available and if you are admitted to the hospital, you will be seen by whichever of our physicians is rounding on that given day.

In this regard, please identify 2-3 providers and have our front desk mark your chart accordingly. We request that you include at least one PA/NP and one physician. If you do not yet have a second provider in mind, please talk with your usual provider about what pairing might make a good fit for you. These teams can certainly be changed in the future by you or your provider as needed.

Appointments

Appointments - can be made by calling (802) 454-8336 or requested through our electronic patient portal

Evenings - For your convenience, we have evening appointments available on Tuesdays, Wednesdays and Thursdays.

Urgent Appointments - Same day and Saturday appointments are available for urgent medical concerns. Please call the office and a nurse will determine if an urgent appointment is necessary.

If you are unable to come to a scheduled appointment please call us at least 24 hours in advance.

Appointment Reminders

We will call you two days prior to your appointment to confirm your appointment time.

If you prefer to get a text message instead of a phone call, text only the word **Plainfield** to 622622. This will enroll you to receive all future appointment reminders by text message.

Co-Pays

Co-pays are due at the time of your visit. Your co-pay amount is usually listed on your insurance card, or you can call your insurer at the number on your card to verify the amount. We can also help you identify your co-pay amount.

Sliding Fee Scale

The Health Center offers financial assistance to people who qualify based on household size and household income. We have included an application for financial assistance in this packet. If you have questions about our financial assistance program, please call our billing department at 322-0705.

Contacting The Health Center

Medical appointments and prescription refills can be requested when we are open or requested through the patient portal.

We have a doctor on-call 24 hours a day, 7 days a week. When the office is closed, the on-call doctor can be reached by calling our answering service at (802) 479-2008 *for urgent pressing matters only*.

If you have a medical emergency, you should go to the Emergency Room or call 911.

Hours - Medical

Monday: 8:00 a.m. - 5:00 p.m.

Tuesday, Wednesday and Thursday: 8:00 a.m. - 9:00 p.m.

Friday: 8:00 a.m. - 5:00 p.m.

Saturday (*urgent medical appointments only*): 9:00 a.m. - Noon

Our lab offers early morning appointments on Tuesdays and Wednesdays

Community Health Pharmacy

The Community Health Pharmacy is available to our patients. The pharmacy can provide short term or starter packages of many prescription medications on-site. Other prescriptions will be mailed to your home at no extra charge. Prices at our pharmacy are very competitive and most prescription insurance plans are accepted.

Dental Services

The Health Center offers high quality, affordable dental care, ranging from routine cleanings to oral surgery. Our dental department can be reached directly by calling (802) 454-1047.

Monday, Tuesday, Wednesday and Thursday: 8:00 a.m. - 5:00 p.m.

Friday: 8:00 a.m. - 4:00 p.m.

Mental Health Services

The Health Center has multiple mental health providers on site. They work closely with our medical providers to deliver comprehensive care. If you would like to be seen by a mental health provider, ask your medical provider for a referral. Our mental health department can be reached directly by calling (802) 322-6612.

Monday, Tuesday, Wednesday, Thursday, and Friday: 8:00 a.m. - 5:00 p.m.

Patient Portal

We offer an online patient portal, which allows you secure access to information such as your lab results and medication list. It also offers the ability to send a (non-urgent) message to request appointments and medications refills. If you would like to set up portal access, please ask our front desk staff.

The Health Center is Proud to be a Recognized Patient Centered Medical Home.

As a medical home, we provide high quality, comprehensive and holistic health care focusing on your wellness, medical needs and personal health goals. We provide care which is thorough, up-to-date and proven through research to be the most effective possible.

To help us provide the best care possible, we ask patients to let us know when medical care is received somewhere other than The Health Center, and, when there are any changes to their medications, health status or anything else which affects their health. We will help coordinate all your health care needs including visits to specialists and the hospital.

Controlled Substance Prescriptions

Our policy is to not prescribe controlled substances to new patients and to avoid their use whenever possible. A careful and complete review of records and careful patient evaluation are necessary to ensure the safe prescribing of these medications, if these are prescribed.

The Health Center staff uses Health Department guidelines and standards adopted by the Vermont Board of Medical Practice concerning the prescribing and monitoring of certain medications. These guidelines are for medications that treat pain, anxiety and sleep disorders. Many of these controlled medications have now been shown to have problematic long term effects.

Benzodiazepines – This class of medication has been linked to a 50% increased risk of Alzheimer's, 500% increase of memory and concentration problems, 200% increase of motor vehicle accidents and daytime fatigue as well as other significant side effects.

Opioids – Similarly, we try to avoid or discontinue most narcotic pain medications. There is a 20% risk of addiction after two weeks of use, and in double blind studies, these are not effective for chronic pain.

Stimulants – We have similar concerns about medications which are prescribed for attention deficit disorder. This class of medication can cause dependence and addiction.

Medical Marijuana – We have strict policies regarding the approval and the use of medical marijuana, including only using a specific high CBD/low THC content oil or lozenges, which are NOT smoked. We have the ability to monitor purchases from the dispensary and can prevent a patient from purchasing medical marijuana if they are not in compliance with our guidelines. We cannot provide documentation of disorders warranting medical marijuana to new patients.

As a new or transferring patient, we are unable to provide controlled or possibly addictive medications in your initial treatment plan, and you should be aware of our approach to these medications, as detailed above.

If you should need a controlled substance, we will evaluate you and prescribe medications in the strength currently needed. This may be different than what you have been prescribed in the past. You may be asked to sign a contract defining the responsibilities you must meet to receive a controlled substance prescription.

We are unable to refill any controlled substance prescriptions that have been lost, stolen or spilled.

Patient Bill of Rights

Your Rights and Responsibilities as a Patient

As a patient, you are a critical player on your health care team. You have both rights and responsibilities when it comes to your health and the health care services you receive.

Your Rights

You are entitled to:

- Expect that you will be treated fairly and respectfully without regard to your age, race, religion, income, etc.
- Have reasonable access to care.
- Expect that your requests will be considered.
- Know the name and job of the people providing you with care.
- Know about your illness and participate in decisions about your care.
- Give your consent to treatment and care, except in cases of emergency.
- Refuse treatment you do not want.
- Have family members involved in your care and decisions to the extent you choose.
- Have your privacy respected.
- Have help understanding and making use of Hospice services, as appropriate.
- Know that your written wishes about creating a living will and similar issues (called advance directives) will be honored.
- Know what is in your medical record.
- Receive a bill you can understand or have that bill explained to you.
- Know The Health Center rules as they apply to your conduct as a patient.
- Have an interpreter if you need one.
- File a written or verbal complaint if you are unhappy with your care.

Your Responsibilities

You are expected to:

- Treat all health care providers and staff with respect.
- Keep appointments or cancel/reschedule with plenty of notice.
- Be considerate of other patients and their privacy.
- Observe safety regulations including non-smoking rules.
- Supply full and accurate personal and health information as requested.
- Recognize the effect of your lifestyle on your personal health.
- Work with the health care team to make informed health decisions.
- Let us know if you do not understand or cannot follow directions.
- Be aware of what your health care insurance does and does not cover.
- Pay billings promptly for health care not covered by insurance.
- Know what medications and over-the-counter drugs you are taking.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. These privacy practices are followed by the employees, staff and other personnel of The Health Center. Please review it carefully. If you have any questions about this notice, please contact The HIPAA Privacy Officer or Compliance Officer at The Health Center 802-454-8336.

OUR OBLIGATIONS:

We are required by law to:
Maintain the privacy of protected health information
Give you this notice of our legal duties and privacy practices regarding health information about you
Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the health care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or/ disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

Psychotherapy health information. Psychotherapy information, if applicable, will not be shared without your express permission.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers’ Compensation. We may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Your health information may also be made available through the Vermont Health Information Exchange (VHIE). The VHIE is operated by Vermont Information Technology Leaders (VITL) and your treating health care providers may access your health information through the VHIE unless you have chosen to opt-out or unless you are in need of emergency treatment. For information about the VHIE, see [https:// www.vitl.net](https://www.vitl.net).

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
 2. Disclosures that constitute a sale of your Protected Health Information
- (The Health Center does not intend to use your Protected Health Information for either of these purposes.)

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to The Health Center. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the HIPAA Privacy Officer at The Health Center.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to The HIPAA Privacy Officer at The Health Center.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the HIPAA Privacy Officer at The Health Center. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the HIPAA Privacy Officer at The Health Center. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, call The Health Center 802-454-8336.

Right to Opt Out of Fundraising. From time to time, The Health Center may engage in fund raising for the benefit of the Center. You may request in writing that The Health Center will not contact you with any fund raising material.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the HIPAA Privacy Officer or Compliance officer at The Health Center 802-454-8336. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and HIPAA security rules, please visit the Health and Human Services website: <https://www.hhs.gov/hipaa/for-individuals/index.html>