

## Families First: A “Patient-Centered Medical Home”



As a as a Patient-Centered Medical Home™ recognized by the National Committee on Quality Assurance at Level 3 (the highest level) since 2011, Families First offers many things to our patients that you won't find at every medical practice.

### What is a Patient-Centered Medical Home?

A patient-centered medical home is a model of care that strengthens the clinician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship. Each patient has a relationship with a primary care clinician who leads a team that takes collective responsibility for patient care, providing for the patient's health care needs and arranging for appropriate care with other qualified clinicians. The medical home is intended to result in more personalized, coordinated, effective and efficient care.

A medical home achieves this through extended service hours; excellent communication among patients, clinicians and staff; and taking full advantage of the latest information technology to prescribe, communicate, track test results, obtain clinical support information and monitor performance.

One way we use information technology to better communicate with our patients is our **online patient portal**, which lets you request appointment times, medication refills and referrals, email a nurse, and see parts of your medical record. To access the patient portal, request a PIN number in person at the Health Center.

### FQHC Status

Families First, a Federally Qualified Health Center (FQHC) receives funding from the U.S. Department of Health and Human Services and has federal Public Health Service-deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals. For more information, please see <http://www.bphc.hrsa.gov/ftca/>.

## PART II - Documents

### Patient Rights and Responsibilities

#### Access

You have the right to:

- Equal access to primary medical care regardless of your race, color, religion, gender, sexual orientation, age, national origin, or ability to pay
- Access to 24-hour medical assistance and emergency care
- Comfortable and reasonable access to patient areas

#### Privacy and Confidentiality

Families First Health Center will comply with the Health Insurance Portability and Accountability Act in order to safeguard patient confidentiality and privacy. Families First will not release your records from our files without your written consent, except in the following cases:

- When the law or a third-party contract requires release of the records; or
- When the law permits or requires Families First to make reports to the state of New Hampshire — for instance, in cases of suspected child abuse or public health hazards.

#### Information

You will be fully informed of your medical condition and treatment plan. You have the right to see and examine your medical record with your medical provider. You, in turn, must provide complete and accurate pertinent information about your health, lifestyle and/or present illness.

#### Consent

You may discuss and request information about the procedures and/or treatments that your health care provider is recommending, the risks involved, how long it may take you to recuperate, and the medically reasonable alternatives and their accompanying risks and benefits. We will obtain informed consent from you before beginning any treatment or procedure. An exception may be made in an emergency when a patient lacks decision-making capacity and the need for treatment is urgent.

## *Patient Rights and Responsibilities (continued)*

### **Security**

You have the right to expect that Families First's practice and environment is safe. You are responsible for your personal possessions during your visit.

### **Respect and Dignity**

You will be treated with consideration and respect at all times. Your dignity, individuality and cultural and/or spiritual needs will be fully recognized. You, in turn, must show similar respect for our staff by following the responsibilities and obligations outlined in our Health Center Patient Compact (page 21).

### **Involvement in Care**

You have the right to participate in developing your plan of care. You have the right to obtain complete and current information that your health care providers have regarding your diagnosis, treatment, and prognosis. Families First Health Center will communicate in a clear and understandable way, and will take into account your primary language, any physical limitations you may have, and to the extent possible, your level of comprehension.

### **Complaints and Comments**

You are encouraged to express any concerns, complaints or comments regarding your experience at Families First. This may be done in person, over the phone or in writing. An appropriate staff member will review each concern, complaint, or comment, and will inform you in a timely way how the issue has been resolved.

### **Billing Information**

You have the right to request and receive a fee schedule and information concerning eligibility for third-party reimbursement or our sliding scale.

### **Ethical Issues Involving Care**

When conflicts arise in decisions about your care, you, your family and significant others have the right to receive an ethical consultation with caregivers, physicians, and other appropriate parties.

### **Advance Directives**

## *Patient Rights and Responsibilities (continued)*

Families First will honor the intent of your Advance Directives (Living Will and Durable Power of Attorney) for health care to the degree that law and Families First policy allow.

### **Research**

You have the right to consent or to decline to participate in any proposed medical research study. If you choose to consider participating, the study will be fully explained to you before you are asked to sign a consent form.

### **Questions**

If you have questions about the Patient Rights and Responsibilities, contact Janet Laatsch, CEO, at (603) 422-8208 x3120. You may also file concerns in writing by contacting:

*Persons **under** 60 years of age:*

Licensure Coordinator  
Dept. Health & Human Svcs.  
6 Hazen Drive  
Concord, NH 03301  
1 (800) 852-3345 ext. 4592

*Persons 60 years and **over**:*

Ombudsman  
NH Bureau of Elderly & Adult Svcs.  
6 Hazen Drive  
Concord, NH 03301  
1 (800) 852-3345 ext. 4592

## Health Center Patient Compact

### Patient-Centered Medical Home Patient-Provider Responsibilities

The health and wellness of our patients is our primary focus at Families First Health Center. Providing outstanding care to our patients is our top priority and goal. To achieve this goal, the providers and patients must work together. This working-together concept is the foundation for Patient-Centered Medical Home. (Families First has received highest-level recognition as a Patient-Centered Medical Home from the National Committee on Quality Assurance. See page 15.)

#### Your Families First health care team will:

- Encourage you to choose a Primary Care Provider.
- Provide evidence-based care.
- Make sure you receive timely medical care by offering same-day appointments when the office is open; giving you information about Urgent Care Centers; and having a medical provider on call 24 hours a day, 7 days a week. (Call Families First anytime, day or night, at (603) 422-8208. If we are closed, you will hear instructions on how to speak with a nurse.)
- Offer a sliding-fee scale, based on income, for patients who do not have health insurance.
- Listen to your questions and concerns in order to give an appropriate response.
- Make the management and treatment plans for your condition easy to understand.
- Make sure you understand all medications prescribed and your treatment plan and goals.
- Refer you to specialists and hospitals as needed.
- Give disease-specific written educational materials to help you in self-management.

## Health Center Patient Compact (continued)

### As a Families First patient, we ask you to:

#### HEALTH

- Choose a Primary Care Provider at the time you become a Families First patient. (If you do not choose one, one will be chosen for you.) If at any time you would like to change your Primary Care Provider, notify any Health Center staff member.
- Ask questions about your illness; take an active role in your care.
- Give a detailed and honest health history.
- Update your health team on changes in your health at each visit.
- Take all medications prescribed as directed by your provider, and give information about any over-the-counter or herbal medications you are taking.
- Keep all scheduled appointments with your provider and other specialist(s).
- Discuss and be involved in your treatment plan with your provider.
- Know what your health insurance plan covers, what it doesn't, and requirements for referrals.
- Show respect for other patients and for Families First staff.
- Avoid using the Emergency Room in non-emergency situations. Instead call Families First or use an Urgent Care Facility. (Call Families First anytime, day or night, at (603) 422-8208. If we are closed, you will hear instructions on how to speak with a nurse.
- Bring all discharge papers from Emergency Room or Urgent Care visits when you come to Families First.
- Inform your Families First provider of any medical visits, treatment or tests you have had with an outside provider if Families First did not refer you for these. Bring documents when available.

#### APPOINTMENTS

If you have scheduled an appointment, remember that we have reserved that spot especially for you. If you do not keep an appointment you have scheduled, you are preventing another patient who may really need it from having that appointment slot. So that we can give every patient the attention they deserve, we ask you to:

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## Health Center Patient Compact (continued)

- **Be on time for all scheduled appointments.** If you are more than 5 minutes late you may be asked to reschedule.
- **If you cannot keep your appointment, call us as soon as you know this.** We request 24-hour notice when canceling a dental appointment in order not to consider you a “no-show.” For medical appointments, 24 hours is preferred, but 2 hours or more is acceptable.

### **PAYMENT**

Families First offers a variety of payment options to make health care affordable for all our patients. So that we can continue to do this, we ask you to:

- Tell your health insurance company which Families First provider is your Primary Care Provider (PCP). Failure to do so will result in your being responsible for the balance.
- Make a good-faith effort to pay for services. Arrange a payment plan for balances over \$25.
- Pay fees or copayments at the time of service – or reschedule your appointment if you cannot do so.
- Be truthful about the number of family members and family income in your application for the sliding-fee scale. This is required by the federal government. Providing false information, or failing to notify us of changes, is considered fraud — for which you could be prosecuted.
- Renew your Medicaid card and/or Families First Sliding Fee Scale Application before they expire, in order to continue receiving discounted care.

If you have concerns about these expectations, please speak to the Office Manager. If you cannot meet these expectations, we will work with you to find a solution. In rare cases where no solution can be found, we may refer you to another medical practice for your care. We look forward to a caring relationship that maximizes your good health.

## **Notice of Information Practices (Summary)**

*This summary explains how Families First complies with the Health Information Portability and Accountability Act, which governs how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you would like more details, please request our complete Notice of Information Practices document at the Health Center office.*

### **Patient Privacy**

Patient privacy is a priority at Families First. We follow strict federal and state guidelines to maintain the confidentiality of patient medical information.

### **Your Health Information Is Protected By Federal Law**

#### **Who must follow this law?**

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers
- Health insurance companies, HMOs, most employer group health plans
- Certain government programs that pay for health care, such as Medicare and Medicaid

#### **What information is protected?**

- Information your doctors, nurses, and other health care providers put in your medical record
- Conversations your doctor has about your care or treatment with nurses and others
- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

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## Notice of Information Practices (Summary) (continued)

### **To make sure that your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:**

- For your treatment and care coordination
- To pay doctors and hospitals for your health care
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

### **Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:**

- Give your information to your employer
- Use, share or sell your information for marketing or advertising purposes
- Share records about your alcohol/substance abuse, behavioral health, HIV, STD, or genetic information.
- Disclose any other information not described in Families First's Notice of Health Information Practices.

### **Our Responsibilities**

Families First is required by law to:

- Maintain the privacy of patient medical information
- Provide a Notice of Health Information Practices
- Abide by the terms of the notice currently in effect
- Notify you if there is ever a breach of security involving your personal health information.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities. You may also request a paper copy.

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## Notice of Information Practices (Summary) (continued)

### **Patient Rights**

You have the right to:

- Request that we restrict how we use or disclose your medical information. (We may not be able to comply with all requests.)
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your medical information. (Requests must be in writing, and fees may apply.)
- Restrict certain disclosures of Personal Health Information to a health plan where you or someone on your behalf pays out of pocket in full for the health care item or service provided.
- Opt out of fundraising communications. (The mechanism for opting out will be explained in any solicitations.)

### **To Contact Us**

If you would like to exercise your privacy rights, or if you feel your rights have been violated, please contact:

Privacy Officer  
(603) 516-2569  
Families First  
100 Campus Dr., Suite 12  
Portsmouth, NH 03801

All complaints will be thoroughly investigated. Patients will not suffer retaliation for filing a complaint. You may also file a complaint with the U.S. Department of Health and Human Services by calling (617) 565-1340 or writing:

Office of Civil Rights  
U.S. Department of Health and Human Services  
JFK Federal Building  
Room 1875  
Boston, MA 02203

## **Consent to the Use and Disclosure of Health Information for Treatment, Payment and or Healthcare Operations**

I understand that as part of my health care, Families First and its medical staff creates a medical record and receives and maintains my personal health information in this record. This information includes my health records and any other health information including my health history, symptoms, examinations, test results, diagnoses, treatments and any plans for future care and treatment.

I understand that Families First, medical and support staff, may disclose and use this information for treatment, payment and healthcare operations. Examples would be:

- To diagnose my medical/psychiatric/psychological condition
- To plan my care and treatment
- To communicate with other healthcare professionals, including hospital staff, concerning my care. (An example would be a referral to another professional and providing them with copies of information from your record to assist in treatment.)
- To document services for payment and reimbursement. (An example is providing your health information to a third party, such as a health insurer, for the purpose of securing payment for the health care services you receive.)
- To use and/or disclose information related to my health care for the purposes of day-to-day operations and functions of all Families First programs. (For example, the Quality Improvement Team may use information about the care provided in your health record to assess the care and to improve the effectiveness of the health services we provide. Also, Families First staff who provide you with different services may share information about you, on a need-to-know basis.)

I have been provided a summary of **Notice of Health Information Privacy Practices** that gives a more thorough description of the uses and disclosures that Families First and its staff will make with respect to my personal health information (*It is on page 24 of this booklet.*). I understand I have the right to review this summary, or request and read a copy of the complete Notice, before signing this consent and

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## *Consent to Use and Disclosure of Health Information (continued)*

have any questions answered to my satisfaction. I understand that Families First cannot use or disclose my individual health information other than as specified in the Notice. I understand that Families First reserves the right to change the privacy references outlined in its Notice of Information Practices and that any changes may apply retroactively during the time the current Notice is in place. I have the right to receive a copy of the current Notice.

I understand I have the right to request restrictions on certain uses and disclosures of my health information for Treatment, Payment or Healthcare Operations. Families First is not required to agree to my requests. If we do agree, Families First will abide by the restriction unless I am in need of emergency treatment and/or the use or law requires disclosure. I understand I have the right to restrict the method of communication of information to me. I understand that Families First must honor this request if the method of communication is reasonable. I understand that I may revoke this consent in writing but that the revocation will not be effective to the extent that Families First has already taken action based on reliance on the earlier consent.

*You will be asked to sign a form consenting to the above statements regarding how Families First Health Center and its medical staff may use your health information for the purpose of **Treatment, Payment and Healthcare Operations.***

## **The Foundation for Seacoast Health's Community Campus "Safe Campus Restrictions"**

In order to keep children and others on the Community Campus safe, our landlord (The Foundation for Seacoast Health) will not allow on the Campus people who fall into the following categories:

- People who have been determined to be a sexual offender as defined by RSA 651-B; and
- People who have been determined to be an offender against children as defined by RSA 651-B; and
- Individuals who may pose a risk to the safety of others.

The Foundation for Seacoast Health is requiring that Families First take steps to make sure that people who fall into the above three categories are not coming to the Community Campus.

When you establish care at Families First, you will be given a form\* that will ask you to agree to the following:

1. If Families First determines in its own judgment that I fall into any of the three categories listed above,
  - a) I will be immediately discharged from Families First, and will not receive any more services;
  - b) I will immediately leave the Community Campus and will not return;
  - c) Families First will immediately release my name and address to the Foundation for Seacoast Health; and
  - d) I will hold neither Families First nor the Foundation for Seacoast Health responsible for the release of my name and address to the Foundation for Seacoast Health.
2. The Foundation for Seacoast Health may prohibit me from coming to the Community Campus if it is determined that I fall into any of the three categories listed above.

*\*Please note: Signing the form does not indicate that you fall into any of the prohibited categories, but only that you understand the consequences for those who do.*