

Patient Handbook



**It's good
to know you.**



Welcome to Hudson River Health Care

Welcome to our network of award-winning community health centers throughout the Hudson Valley and Long Island. Hudson River Health Care (HRHCare) clinicians work together to bring you coordinated medical, dental, and behavioral health care. Our staff speak many languages, and we have translation services available to make sure you receive care in the language of your choice.

HRHCare offers one team for your total health. Your care team will get to know your health needs, learn about your health history, keep track of any medications you are taking, and work with you to make a plan that is right for you.

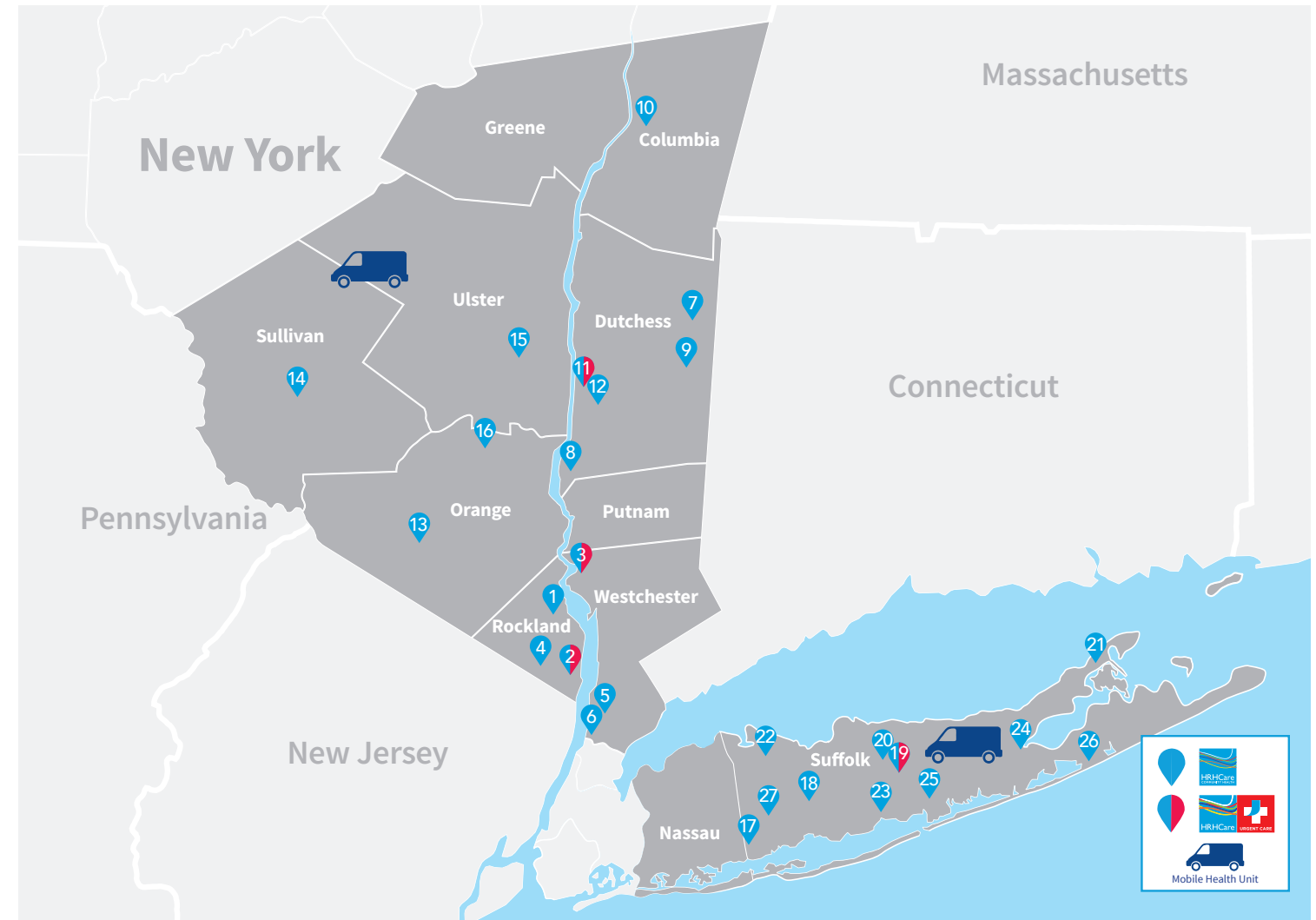
In this handbook, you will find more information about our services, how to get the most out of your health center visit, and important information about your privacy and rights as a patient.

Thank you for choosing Hudson River Health Care!

Hon. Alan L. Steiner
Chairman of the Board

Anne Kauffman Nolon, MPH
CEO

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**Putnam
Rockland
Westchester**

- 1 Haverstraw
31 West Broad Street
3rd Floor
Haverstraw, NY 10927
(845) 429-4499
- 2 Nyack
84 North Highland Avenue
Nyack, NY 10960
(845) 770-9980
UC (845) 770-9990
- 3 Peekskill
(Jeannette J. Phillips)
1037 Main Street
Peekskill, NY 10566
(914) 734-8800
UC (914) 402-7400
- 4 Spring Valley
2 Perlman Drive
Suite 101
Spring Valley, NY 10977
(845) 573-9860
- 5 Yonkers
(Park Care)
2 Park Avenue
Yonkers, NY 10703
(914) 964-7862

- 6 Yonkers
(Valentine Lane)
503 South Broadway
Suite 210
Yonkers, NY 10705
(914) 965-9771

**Columbia
Dutchess
Greene**

- 7 Amenia
3360 Route 343
(Mailing only P.O. Box 108)
Amenia, NY 12501
(845) 838-7038
- 8 Beacon
6 Henry Street
Beacon, NY 12508
(845) 831-0400
- 9 Dover Plains
3174 Route 22
Dover Plains, NY 12522
(845) 877-4793
- 10 Hudson
750 Union Street
Hudson, NY 12534
(518) 751-3060

- 11 Poughkeepsie
75 Washington Street
Poughkeepsie, NY 12601
(845) 790-7990
UC (845) 686-9700
- 12 Poughkeepsie
(Family Partnership)
29 North Hamilton Street
Poughkeepsie, NY 12601
(845) 454-8204

**Orange
Sullivan
Ulster**

- 13 Goshen
888 Pulaski Highway
Goshen, NY 10924
(845) 378-1160
- 14 Monticello
23 Lakewood Avenue
Monticello, NY 12701
(845) 794-2010
- 15 New Paltz
1 Paradies Lane
New Paltz, NY 12561
(845) 255-1760
- 16 Walden
(Wallkill Valley)
75 Orange Avenue
Walden, NY 12586
(845) 778-2700

Suffolk

- 17 Amityville
(Maxine S. Postal)
1080 Sunrise Highway
Amityville, NY 11701
(631) 716-9026
- 18 Brentwood
1869 Brentwood Road
Brentwood, NY 11717
(631) 416-5480
- 19 Coram
(Elsie Owens)
82 Middle Country Road
Coram, NY 11727
(631) 320-2220
UC (631) 320-2225
- 20 Coram
(WellLife)
3600 NY-112
Coram, NY 11727
(845) 216-9969
- 21 Greenport
327 Front Street
Greenport, NY 11944
(631) 477-2678
- 22 Huntington
55 Horizon Drive
Huntington, NY 11743
(631) 760-7746

- 23 Patchogue
365 East Main Street
Patchogue, NY 11772
(631) 866-2030
- 24 Riverhead
300 Center Drive South
Riverhead, NY 11901
(631) 574-2580
- 25 Shirley
(Marilyn Shellabarger)
550 Montauk Highway
Shirley, NY 11967
(631) 490-3040
- 26 Southampton
(Kraus Family)
330 Meeting House Lane
Southampton, NY 11968
(631) 268-1008
- 27 Wyandanch
(Martin Luther King, Jr.)
1556 Straight Path
Wyandanch, NY 11798
(516) 214-8020

HRHCare provides the highest quality health care for the whole family. Our services include:

- Family and internal medicine
- Urgent care
- Pediatrics
- Women’s health (OB/GYN)
- Dentistry
- Behavioral health
- HIV and hepatitis C care
- Optometry
- Podiatry
- Nutrition counseling
- Care coordination
- Health insurance information and enrollment
- WIC (women, infant, and child) services
- Diabetes management and prevention
- Agricultural worker services
- Addiction recovery programs
- Smoking cessation programs
- Wellness and exercise programs
- Support groups
- Transportation services
- ESL (English as a second language) classes

Our services and hours of operation vary by location. Call your health center or visit hrhcare.org for more details.

As a Patient Centered Medical Home, our clinicians use evidence-based care (from up-to-date research) to help you make the best decisions about your health.







Your Health Center Address _____



Your Health Center Phone Number _____

At HRHCare, you are able to choose your primary care clinician. Keep track of your health care team here.

| | Adult 1 | Adult 2 | Children |
|--|---------|---------|----------|
|  Primary Care Clinician | _____ | _____ | _____ |
|  OB/GYN | _____ | _____ | _____ |
|  Dentist | _____ | _____ | _____ |
|  Social Worker | _____ | _____ | _____ |

Other Specialties _____

Your Pharmacy Address and Phone Number _____



Can't wait until morning?

Call us anytime to be referred to a health care professional for expert advice. In the case of an emergency, call 911.

Making an Appointment



Every HRHCare health center has openings for patients to be seen that day. You can walk in and be seen, but appointments are always recommended for your convenience. Making an appointment at your health center is the best way to make sure you are seen by a clinician as quickly as possible. We offer early morning, evening, and weekend appointments to fit your schedule.

You can make an appointment by:

- Calling 1-844-HRH-Care (1-844-474-2273)
OR
- Calling your local HRHCare health center directly
OR
- Speaking with someone at the front desk of your health center
OR
- Logging in to your Patient Portal (for more information, see page 12)

When making an appointment, have the following information ready:

- **Your full name and address**
- **The date you were born**
- **The reason for your visit**
- **Your health insurance information, if you have it, or proof of income**



Planning Your Visit

If you have scheduled an appointment, please arrive 30 minutes early. Bring a list of all medications you are taking, and your health insurance information. We take most private and public health insurance plans, including Medicare, Medicaid, and Child Health Plus. We can also determine whether you are eligible for state-funded assistance, including Medicaid and other New York State programs, as well as other insurance types, and help you learn how to apply.

If this is your first visit, you will be asked to complete paperwork. We can help you fill out the forms, and will make sure all your information is kept private. You can also print the paperwork from hrhcare.org and fill it out at home.

For us to help you make the best decisions about your health, it is important for your care team to have complete information about your health history. We will ask about your family's medical history, as well as your own. We will also ask about other factors that may affect your health.



Planning Your Visit

Your primary clinician is the person you will see at most visits, and who will coordinate your care with other clinicians, both within and outside HRHCare. At your first visit, you will be asked to choose a primary clinician. If you prefer, we can help you make that choice. Your primary clinician will work with your care team to share health education resources, and help you develop a care plan based on your personal health goals.

We will call you 24 hours before your appointment as a reminder. If you need to cancel or reschedule your appointment, try to call us at least 24 hours in advance. We will also remind you when you are due for preventive care treatment, like vaccines, or follow-up for other health services. If you have a hospital ER (emergency room) visit or hospital stay, we will contact you to help with any follow-up care you may need.

We welcome everyone, regardless of your ability to pay. If you do not have health insurance, bring proof of income, and we can determine a payment plan based on a sliding fee scale. Our trained staff can answer any questions, and explain the income documentation requirements.

What to Ask Your Clinician

During your visit, you will be able to talk with your clinician about any health concerns or questions you may have. To make sure you leave your appointment ready to follow the plan you and your clinician made together, you should always ask:

- 1. What is my main problem?**
- 2. What do I need to do?**
- 3. Why is it important for me to do this?**

We always want to hear from you. If you have a question, comment, or concern about your care, call your health center, or ask someone at the front desk for a survey that you can fill out.





HRHCare Urgent Care gives people of all ages access to immediate, high-quality medical services from a skilled and compassionate care team. Just walk in to our state-of-the-art facilities for treatment for most common illness and injuries, and same-day prescriptions. HRHCare Urgent Care is linked to our primary care services to give you a coordinated, comprehensive health care experience, all under one roof.

We offer a variety of urgent care services, including:

- Cold and flu
- Accidents and injuries
- X-ray and EKG
- Lab services
- Sports injuries
- Physical exams
- Allergies and asthma
- Vaccinations
- Women’s health services

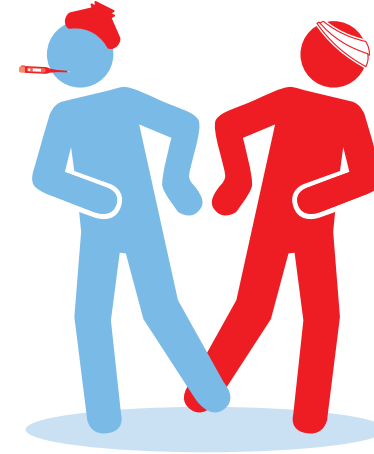
HRHCare Urgent Care Locations

Coram
82 Middle Country Road
(631) 320-2225

Nyack
84 North Highland Avenue
(845) 770-9990

Peekskill
1037 Main Street
(914) 402-7400

Poughkeepsie
75 Washington Street
(845) 686-9700



Urgent Care or ER?

HRHCare Urgent Care treats many non life-threatening illnesses and injuries, but in more serious cases call 911 or go to the nearest hospital ER (emergency room). Most insurance accepted. Sliding fee scale based on income and family size.

When to visit HRHCare Urgent Care

- Cold and flu-like symptoms
- Strep and sore throat
- Infections
- Cuts, bumps, and scrapes
- Asthma and allergies
- Bronchitis
- Minor burns
- Back pain
- Earache
- Headaches and migraines
- Nausea
- Sprains and minor fractures
- Kidney stones
- Pink eye and eye irritation
- Insect bites and stings

When to visit the Emergency Room

- Heart attack
- Chest pain
- Difficulty breathing
- Stroke
- Head trauma
- Severe bleeding
- Loss of vision
- Major or complex fractures
- Ingestion of poison
- Intense abdomen pain
- Seizure
- Severe burns
- High fever with a rash
- Newborn with a fever
- Shock

**Whatever the reason,
the doctor will see you now.**

The Patient Portal

HRHCare patients have access to a free online portal that gives you secure access to your health information. You can also download the healow app for faster access to the Patient Portal on iOS and Android.

The Patient Portal lets you:

- **Schedule appointments**
- **Check lab results**
- **Review your personal health records**
- **Message your care team**
- **Get reminders about appointments and medications**
- **Request prescription refills and review your medication list**
- **Access health information and health tracking tools**

Never use the Patient Portal in the case of an emergency; call 911.




Great News for Parents!

If your children are under 12 years old, you can now access their health care information on the patient portal.

(In accordance with Federal and New York State regulations, the Patient Portal is not available for patients between the ages of 12 and 18.)

The Patient Portal

How do I access the Patient Portal?

- 1** After your visit, you will receive an email from HRHCare with a username and temporary password.
- 2** Click the link in your email, sign in, and follow the prompted messages.
- 3** After you set up your account, you will be able to log on anytime from your computer or through the healow patient portal app on any iPhone or Android device.
- 4** To download, search for "healow" in the Google Play or App Store. 
- 5** After it downloads, open the app and search for HRHCare with the code: FGJEAA. Sign in using your the Patient Portal username and password.
- 6** The first time you log in through the app, you will be asked to create a PIN for added security measures.
- 7** Send a message to your health care provider to let them know you logged in successfully!

PRIVACY NOTICE

NOTICE OF PRIVACY PRACTICES

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.

In order to provide you with high-quality health care services, HRHCare collects, creates and maintains health information about you. We are required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how we use and disclose your health information, and explains certain rights you have regarding this information. We are required by law to provide you with this Notice and we will comply with its terms during the period when it is in effect.

WHAT INFORMATION WE PROTECT

We protect any information that identifies you or could be used to identify you that relates to your health, your treatment or your health insurance benefits. Your name, address and other basic identifying information is protected even if unaccompanied by information about your health, treatment or benefits.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

The following is a list of the ways that we may use and disclose your health information. We will use and disclose your health information only for one of the reasons on this list. In certain cases we provide examples of the types of uses or disclosures that fall within a particular category. These examples are intended to help you understand what these categories mean; they do not cover every type of use or disclosure within each category. In addition, special rules may apply to certain types of sensitive health information.

1. Treatment, Payment and Health Care Operations

We may use and disclose your health information with your general consent to carry out treatment, payment and health care operations. We generally obtain your consent when we treat you for the first time. This is a broad consent that, in contrast to a written authorization, does not specifically describe each particular use and disclosure of your health information and does not automatically expire on a particular date. We will not obtain your consent, however, to use or disclose your health information in a medical emergency or for the public interest purposes described in Section 3 of this Notice.

- a. Treatment: We may use and disclose your health information to treat you or to assist other health care providers from whom you are receiving health care services. For example, two health care professionals at HRHCare who are treating you may share information with one another to coordinate their treatment. Likewise, if you are admitted to a hospital, we may provide the hospital with information about the services we have provided you to assist the hospital in delivering appropriate care.
- b. Payment: We may use and disclose your health information to obtain payment for our services or to assist other health care providers with their payment activities. For example, we may submit claims for reimbursement to the Medicaid or Medicare program or to a private insurer that is providing you with health insurance coverage.
- c. Health Care Operations: We may use and disclose health information about you to carry out general business and health care operations. These operations include quality improvement activities, evaluating the performance of our health care practitioners and resolving any complaints or grievances you may have. For example, we may allow a consulting nurse to review your medical chart as part of a program designed to identify whether you have received all recommended preventive services. We may also use and disclose your health information to assist other health care providers and health plans in performing certain health care operations, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers and conducting fraud detection or compliance.
- d. Appointment Reminders: We may use and disclose your health information to remind you about appointments you have made to receive health care services or to encourage you to make such appointments.
- e. Treatment Alternatives: We may use and

disclose your health information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you

- f. Fundraising: We may use and disclose limited information about you to ask if you would like to make a donation to support HRHCare programs. When doing so, we will use or disclose only basic demographic information, such as your name, address and the dates you received services from us, and not information about your health or treatment. We will not send you further fundraising solicitations if you tell us not to contact you for this purpose.

2. Family Members and Friends

We may share information about you with family members or friends assisting you in obtaining treatment or benefits, but only if you do not object. In these cases, we will share only the information that is necessary for the family member or friend to assist you. We may also notify a family member or friend about your general condition or your death. In some cases, we will share information with a disaster relief organization such as the Red Cross that is assisting with notification efforts.

3. Public Interest Purposes

We may use and disclose your health information without your consent or written authorization for certain public interest purposes permitted or required by law:

- a. As required by law: We may use and disclose your health information as required by state, federal or local law.
- b. For public health activities: We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability and reporting births, deaths, child abuse or neglect, domestic violence, potential

- problems with products regulated by the Food and Drug Administration or communicable diseases.
- c. About victims of abuse, neglect or domestic violence: We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or if the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that letting you know would place you at risk of serious harm or we believe that a person who usually receives information from us on your behalf is responsible for the abuse, neglect or domestic violence.
 - d. For health oversight agencies: We may disclose your health information to health oversight agencies for oversight activities authorized by law such as audits, investigations, inspections and licensing surveys.
 - e. For judicial and administrative proceedings: We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.
 - f. For law enforcement purposes: We may disclose your health information to a law enforcement official for a legitimate law enforcement purpose such as: identifying or locating a suspect, fugitive or missing person; complying with a court order, subpoena or administrative request; providing information about a victim of a crime or reporting a death that may be the result of a crime.
 - g. About deceased individuals: We may disclose your health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining a cause of death. We may also disclose your health information to a funeral director as necessary to assist such a person in carrying out his or her duties.
 - h. For organ, eye or tissue donations: We may disclose your health information to organ procurement organizations and similar entities for the purpose of assisting them in organ, eye or tissue donation or transplantation activities.
 - i. For research: We may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients. We will use or disclose your health information for research purposes only with the approval of our Institutional Review Board (IRB), which must follow a special approval process. Before permitting any use or disclosure of your health information for research purposes, our IRB will balance the needs of the researchers and the potential value of their research against the protection of your privacy.
 - j. To avert a serious threat to health or safety: We may use or disclose your health information to prevent or lessen a serious and immediate threat to your health or safety or to the health or safety of another person or the general public. We will disclose your health information for this purpose only to someone who may be able to prevent or lessen this type of threat.
 - k. For specialized government functions: We may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, we may disclose your health information to appropriate military authorities as they deem necessary to carry out military missions. We may also disclose your health information to federal officials for lawful intelligence or national security activities and for the purpose of providing protective services to the President of the United States and other officials. In addition, if you are in the custody of a correctional institution or law

enforcement official, we may disclose your health information to that institution or official for certain purposes.

- l. For Workers' Compensation: We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

4. Special Treatment of Sensitive Information

The policies described above do not always apply to certain types of sensitive health information. We will use and disclose sensitive health information for more limited purposes as described below:

- a. HIV/AIDS information: We will not disclose any information related to HIV or AIDS without a written authorization from you that specifically references the nature of this information, except as permitted under Article 27-F of the New York Public Health Law.
- b. Mental health records: Any records we maintain regarding services provided by facilities or programs that are licensed by the New York State Office of Mental Health or the New York State Office of Mental Retardation and Developmental Disabilities will not be disclosed without your consent except as permitted by the New York Mental Hygiene Law.
- c. Substance abuse treatment records: Any information we may maintain about alcohol or drug abuse treatment services that are provided by programs or facilities receiving federal funds is subject to special protection. We will not disclose this information without your written authorization except in very limited circumstances permitted by federal regulations, such as to medical personnel providing emergency treatment; to authorized persons conducting on-site audits of our records and in response to an appropriate court order.

5. Obtaining Your Authorization for Other Uses and Disclosures

HRHCare will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices without your written authorization. For example, uses and disclosures of health information for certain marketing purposes, including subsidized treatment communications, and disclosures that constitute a sale of health information require your written authorization. The written authorization we obtain will specifically identify the particular purpose of the use or disclosure, the information being used or disclosed and the recipient of the information. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for this purpose, except to the extent we have already relied on your authorization. You are not required to sign an authorization form and we will not deny you treatment if you refuse to do so unless the treatment is part of a research study or is being provided for the sole purpose of creating information for disclosure to a third party.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights about your health information:

1. Right to Inspect and Copy.

You have the right to inspect or request a copy of health information we maintain about you, such as medical or billing records. Your request should describe the information you want to review and the format in which you want to review it; for example, whether you want to inspect your records at our offices, receive paper copies or get the information on a computer diskette. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may also charge you a reasonable fee for copies to cover our costs. You may ask to inspect or obtain copies of your information by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

2. Right to Request Amendments.

You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. We do not have to agree to make the changes you request. If we do not believe the changes you requested are appropriate, we will notify you in writing how you can have your objection to our decision included in our records. You may request changes to your health information by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

3. Right to an Accounting of Disclosures.

You have the right to receive a list of certain disclosures of your health information that have been made by HRHCare. The list will not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, we will provide it for free. If you request additional lists during a 12-month period, we may charge you a fee to cover our costs in providing the additional lists. You may request a list of disclosures by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

4. Right to Request Restrictions.

You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. We do not have to agree to the restrictions you request. You have the right, if you pay out of pocket and in full for a health care item or service, to request restrictions on the disclosures we make to your health plan of your health information relating solely to that item or service. We will agree to the requested restriction to the extent that the disclosure is not required by law. You may request a restriction on the use or disclosure of your health information by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

5. Right to Request Confidential Communications.

You have the right to ask us to send health information to you in a different way or at a different location if you believe that will provide you with additional privacy protection. For example, you may ask us to send mail to your work address rather than your home address. You should state in your request if you believe you will be endangered by our ordinary form of communication, but you do not have to explain why you believe this is the case. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests. You may ask us to send health information to you in a different way or at a different location by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

6. Right to be notified in the event of a breach.

We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

7. Right to Paper Copy of Notice.

You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. You may obtain a paper copy of this Notice, by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

You may also print out a copy of this Notice by going to our website at hrhcare.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HRHCare, Inc. or the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by writing to:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

You will not be penalized or retaliated against by HRHCare for filing a complaint.

Hudson River Health Care is a Health Center Program grantee under 42 U.S.C 254b, and a deemed Public Health Service employee under 42 U.S.C 233(g)-(n). Therefore, Hudson River Health Care is granted medical malpractice liability protection through the Federal Tort Claims Act (FTCA), and are considered Federal employees, with the Federal government acting as their primary insurer.

Changes to this Notice

We may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by us before or after the date on which the Notice is changed. We will provide you with a copy of the revised notice upon request and we will post it in our facilities.

Additional Information

If you have any questions or would like additional information about this Notice or HRHCare privacy practices, please contact:

**Quality Improvement Department
HRHCare
1037 Main Street
Peekskill, New York 10566**

Effective Date

This Notice of Privacy Practices is effective as of April 14, 2003.

Rev 6/17

PATIENT BILL OF RIGHTS

Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics)

- Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics) is also available in Portable Document Format (PDF)

As a patient in a Clinic in New York State, you have the right, consistent with law, to:

- 1 Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
- 2 Be treated with consideration, respect and dignity including privacy in treatment;
- 3 Be informed of the services available at the center;
- 4 Be informed of the provisions for off-hour emergency coverage;
- 5 Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- 6 Receive an itemized copy of his/her account statement, upon request;
- 7 Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- 8 Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- 9 Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- 10 Refuse to participate in experimental research;
- 11 Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- 12 Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
- 13 Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- 14 Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- 15 Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access; Access to Your Medical Records and Do I Have the Right to See My Medical Records?
- 16 Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
- 17 When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
- 18 View a list of the health plans and the hospitals that the center participates with; and
- 19 Receive an estimate of the amount that you will be billed after services are rendered.

PATIENT RESPONSIBILITIES

In order to provide safe and comprehensive services, HRHCare asks its patients to:

1. Inform the Health Center personnel of any changes in their medical or dental treatment or condition.
2. Supply accurate and complete information whenever possible to their provider regarding all factors and changes affecting their health status.
3. Cooperate with those providing care.
4. Not be verbally or physically abusive to the Health Center personnel.
5. Avoid discrimination in any form against Health Center personnel.
6. Ask questions if care is not fully understood.
7. Inform the Health Center staff of the need to cancel a scheduled visit promptly, preferably 24 hours prior to the visit.
8. Provide the Health Center with the name, address, and telephone number of the person to contact in case of emergency.
9. Inform the Health Center of any changes affecting the financial status and/or need for service.
10. Provide information necessary to insure the proper process of bills and to plan for the payment of those bills as soon as possible.
11. Comply with the Health Center policies and procedures concerning care.
12. Participate in the development of a care plan and follow through on the prescribed treatment.
13. Arrive at the Health Center ten minutes in advance of the appointment so all necessary papers can be completed with the patient or representative prior to the visit with the provider.
14. Understand that arriving more than 15 minutes late for an appointment means the provider may not be able to see the patient. It will be considered a missed appointment and it may be rescheduled.

Rev. 3/14

A. Planning In Advance For Your Medical Treatment

Your Right to Decide About Treatment

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Planning in Advance

Sometimes because of illness or injury people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In New York State, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider. If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may

not be specific enough. You should say the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form itself, or in some other manner, the person you select can use these instructions as guidance to make the right decision for you.

Deciding About Cardiopulmonary Resuscitation

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing or circulation stops.

Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family members or others close to you can decide. A brochure on CPR and your rights under New York law is available from your health care provider.

B. Appointing Your Health Care Agent

NEW YORK STATE'S PROXY LAW

A law called the New York Health Care Proxy Law allows you to appoint someone you trust--for example, a family member or close friend--to decide about treatment if you lose the ability to decide for yourself. You can do this by using a Health Care Proxy form like the one in this booklet, to appoint your "health care agent."

This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own.

You can give the person you select, your health care agent, as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she has to follow.

Why should I choose a health care agent?

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances;
- choosing one family member to decide about treatment because you think that person would make

the best decisions or because you want to avoid conflict or confusion about who should decide; and

- choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

How can I appoint a health care agent?

Competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer, just two adult witnesses. You can use the form printed here, but you don't have to.

When would my health care agent begin to make treatment decisions for me?

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?

Unless you limit your health care agent's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accord with your wishes and interests. If your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not be able to make decisions about these measures. Artificial nutrition and hydration are used in many circumstances, and are often used to continue the life of patients who are in a permanent coma.

How will my health care agent make decisions?

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well

as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

Who will pay attention to my agent?

All hospitals, doctors and other health care facilities are legally required to honor the decisions by your agent. If a hospital objects to some treatment options (such as removing certain treatment) they must tell you or your agent IN ADVANCE.

What if my health care agent is not available when decisions must be made?

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel the proxy, to change the person you have chosen as your health care agent or to change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent and you get divorced or legally separated, the appointment is automatically cancelled.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Is a health care proxy the same as a living will?

No. A living will is a document that provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the health care proxy allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a health care proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The health care proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care Proxy form, but also have a living will, the living will provides instructions for your health care agent, and will guide his or her decisions.

Where should I keep the proxy form after it is signed?

Give a copy to your agent, your doctor and any other family members or close friends you want. You can also keep a copy in your wallet or purse or with other important papers.

APPOINTING A HEALTH CARE AGENT IS A SERIOUS DECISION. MAKE SURE YOU TALK ABOUT IT WITH YOUR FAMILY, CLOSE FRIENDS AND YOUR DOCTOR.

DO IT IN ADVANCE, NOT JUST WHEN YOU ARE PLANNING TO ENTER THE HOSPITAL.

FILLING OUT A HEALTH CARE PROXY IS VOLUNTARY. NO ONE CAN REQUIRE YOU TO DO SO.

C. About the Health Care Proxy

About the Health Care Proxy

This is an important legal form. Before signing this form, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, except to the extent you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or withhold life-sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse those measures for you.
4. Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

If I become terminally ill, I do/don't want to receive the following treatments....

If I am in a coma or unconscious, with no hope of recovery, then I do/don't want....

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want....

I have discussed with my agent my wishes about and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of the treatments about which you may leave instructions.

- **artificial respiration**
- **artificial nutrition and hydration (nourishment and water provided by feeding tube)**
- **cardiopulmonary resuscitation (CPR)**
- **antipsychotic medication**
- **electric shock therapy**
- **antibiotics**
- **psychosurgery**
- **dialysis**
- **transplantation**
- **blood transfusions**
- **abortion**
- **sterilization**

Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker, before you sign it to make sure that you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. You do not need a lawyer to fill out this form.

You can choose any adult (over 18), including a family member, or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that he or she will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

Filling Out the Proxy Form

Item (1)

Write your name and the name, home address and telephone number of the person you are selecting as your agent.

.....

Item (2)

If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent’s authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

.....

Item (3)

You may write the name, home address and telephone number of an alternate agent.

.....

Item (4)

This form will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want the health care proxy to expire.

.....

Item (5)

You must date and sign the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

D. What You Should Know About Advance Directives

What are advance directives?

Advance directives are legal documents which let you leave orders about your own health care in case you ever become unable to make decisions for yourself. Advance directives are designed to help you exercise your rights to make your own medical and health care decisions. You may use an advance directive to refuse treatment, but you may also request that all reasonable measures be used.

What is the Health Center’s policy regarding advance directives?

We are required to inform you about your medical condition and advise you about the possible risks and benefits of the treatments you could receive. If you become unconscious or otherwise unable to handle your own affairs, a health care proxy named by you would be entitled to any information needed to make medical decisions on your behalf.

We are providing you with a health care proxy form and information on how to fill it out. Our staff will be happy to assist you; please ask your provider or nurse if you have any questions. If, for example, you need to know more about the various medical alternatives before you decide about them, please ask. Patients have the right to change their advance directives at any time.

If you should ever suffer a cardiorespiratory arrest while on the premises of the Health Center, because it may take significant time to ascertain if you have

advance directives, exactly what they are and if they still accurately reflect your wishes in an unforeseen emergency, staff will initiate CPR and alert emergency services as appropriate. CPR will be continued until emergency services arrives or until a provider gives an order to discontinue (if consistent with your advance directives or health care proxy). If available, a copy of the patient’s advance directives and/or health care proxy will be given to emergency services upon their arrival.

If you choose to make advance directives, please tell us so that we can make note of your wishes in your medical record.

What is a health care proxy?

A proxy is a person you choose and name on a health care proxy form as the person who will communicate your wishes to health care providers. Your proxy makes decisions only when you are unable to do so. If you select a health care proxy, it is very important to inform the person ahead of time and discuss your values and wishes with him or her. A durable power of attorney for health care decisions is another term for selecting a person to represent your interests.

Is appointing a health care proxy the same as writing a living will?

No. A living will can be used to describe your specific wishes. It is often used to state that you do not want “heroic or extraordinary measures” used to prolong your life when you have a terminal condition. The living will only indicates your preferences; it does not name a person to act on your behalf.

E. Health Care Proxy Form

(1) I,.....hereby appoint

Name.....

Address.....

Phone Number.....

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

(2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

.....
.....
.....
.....

(Unless your agent knows your wishes about artificial nutrition and hydration [feeding tubes], your agent will not be allowed to make decisions about artificial nutrition and hydration. See instructions on reverse for samples of language you could use.)

continued on next page

(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.

Name.....

Address.....

Phone Number.....

(4) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired):

(5) Signature.....

Address.....

Date.....

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1

Address.....

.....

Witness 2.....

Address.....

.....

An Accountable Care Organization (ACO) is a group of doctors and other health care providers who voluntarily work together with Medicare to give you high quality service and care at the right time in the right setting. HRHCare is participating in a Medicare Shared Savings Program ACO.

KEY MESSAGES ON THE ACO

- Your provider is participating in an ACO to help keep patients healthy.
- Nothing about your benefits will change – you are still enrolled in Original Medicare (fee-for-service), are paying your same co-pays and deductibles, and can see any doctor you would like who accepts Medicare.
- Sharing your Medicare data with your primary care health team, such as when you went to see a specialist or were hospitalized, will help them to better coordinate and manage your care to help keep you well.

Questions on the **ACO**

Question 1:
What does it mean that you are in an ACO?
Is this an HMO or insurance company?

Answer 1:
Our practice has joined up with other physician groups in order to form an Accountable Care Organization. This program is a way for us to give you better coordinated care and make sure we can help you even when you're sick and not in our office.

This means that we will communicate more with other doctors, hospitals, and especially you to make sure you get the care and support you need when you are sick.

The ACO is not an HMO or insurance company. Your benefits are not changing and you can still see any doctor or hospital who accepts Medicare at any time.

Q2: How will this help me?

A2: As part of an ACO, your doctor and health care team will have a more complete understanding

of your health through more communication with other health care providers. Our main goal is your health and wellbeing, and the ACO will help us give you better, more coordinated care.

Q3: If you're in an ACO, can I still see whichever doctor I want?

A3: Absolutely – you can see any health provider who accepts Medicare. Nobody, not even our practice or your hospital, can tell you who you have to see.

Q4: Is the ACO part of Obamacare?

A4: Accountable Care Organizations originated under the Affordable Care Act, sometimes known as Obamacare. It is now most driven by the Medicare Access and CHIP Reauthorization Act that passed in 2015. MACRA, as it is known, passed 92-8 in the Senate and 392-37 in the House reflecting the strong bipartisan support that the ACO concept enjoys. Over 9 million Medicare patients are being treated by an ACO in all parts of the country because of how successful these programs have been so far.

Questions on **benefits**

Q5: Will being part of an ACO cost anything to me as the patient?

A5: No - your benefits have not changed, so you will not be paying anything more than what you are already paying for Medicare. You will still be able to see any doctor you want and receive care at any hospital you go to.

Q6: Do I have to do anything for the ACO?

A6: No, nothing is required of you. We simply want to keep our patients informed as we deliver the best care we can provide.

Q7: Is anything going to change with seeing you?

A7: We will still be seeing you as we always have, and are going to be working to make sure that if you are unwell that we can address your concerns right away. We will be providing you with more resources if you're unwell outside of the traditional office visit, and would like to know when you have been in the hospital so that we can follow up with you.

Questions on **data sharing**

Q8: Who is my health information going to be shared with? Does this mean the government will know my health information?

A8: Nothing changes about what Medicare, which is a program of the federal government, already receives about your protected health information. Your health information is protected by federal law with the Health Insurance Portability and Accountability Act (HIPAA), which has strict regulations about who

can see your data. We do not provide Medicare with any additional information than what they already have.

The health data sharing discussed in the letter is about giving our practice a better idea of what is happening with your health outside of our office so that we can better coordinate your care. The group of doctors and other health care providers working together in the ACO will be able to combine your medical record with information from Medicare to give you the best experience possible. We are focused on keeping you healthy, in your home, and out of the hospital.

Q9: What health information is going to be shared?

A9: Your provider will already have your personal medical record, but Medicare will also share records with the ACO to help your doctor know about when you went to see a specialist or were hospitalized to help your doctor communicate with other doctors and hospitals to help keep you well. Medicare won't share information with an ACO about any treatment for alcohol or substance abuse without written permission.

For more information on ACOs:

- Visit www.medicare.gov/acos.html for more information on ACOs
- Call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. This is available 24 hours day/7 days a week
- Talk to your doctor



**It's good
to know you.**

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award-winning care, please visit:
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