

Dover Clinical Site
19 Old Rollinsford Road, Suite 7
Dover, NH 03820
Dover Phone: (603) 749-2346
Dover Fax: (603) 749-2748
Wednesday thru Friday 8am—5pm
Monday & Tuesday 8am-7pm
STD/HIV Walk-in: Tuesdays from 5pm-6pm
Evening hours by appointment only

Rochester Clinical Site
22 South Main Street
Rochester, NH 03867
Rochester Phone: (603) 332-4249
Rochester Fax: (603) 332-4265
Monday, Tuesday & Friday 8am—5pm
Wednesday/Thursday 8am-7pm
STD/HIV Walk-in: Thursday 5pm-6pm
Evening hours by appointment only

Rochester OB/GYN Site
40 Winter Street
Rochester, NH 03867
Rochester Phone: (603) 332-5500
Rochester Fax: (603) 332-0410
Monday & Wednesday CLOSED
Tues., Thurs & Fri. 8am—5pm

Administration Location
652 Central Avenue Suite F
Dover, NH 03820
Administration Phone: (603) 749-2346
Administration Fax: (603) 953-0066



Patient Information Handbook

Updated 5/13/2009

Keep this booklet
as a handy reference
for programs, policies,
contacts and procedures
at AGCHC

www.avisgoodwinchc.org

Financial Policies and Procedures

Payment is expected at the time of the visit.

Policy:

Payment is expected at time of visit.

Insured Patients: All insured patients must present their current insurance card at the time of the visit. Co-payment and coinsurance amounts must be paid at the time of the appointment or the visit may be rescheduled. It is the understanding of the insured patient that they have signed a contract with their insurance company and it is their responsibility to provide information to Avis Goodwin Community Health Center (AGCHC). Our office will submit the claim to the insurance company; however, it is the patient's responsibility to work directly with the insurance company regarding denial payment because of coverage issues. Furthermore, if our physicians are not listed as your primary care physician with your insurance company, you will be responsible for the bill.

Medical Self-Pay Patients: All medical self-pay patients must pay a flat fee at the time of visit. The patient will be informed of the flat fee cost prior to their visit at the health center. If the patient arrives for his/her appointment without the flat fee, it may need to be rescheduled.

Dental Self-Pay Patients: All dental self-pay patients are required to pay their portion of the bill at the time of visit. The patient will be informed of the estimated cost of their visit prior to the scheduled appointment time. For any unforeseen costs acquired during the visit, the patient will be required to pay the balance within 30 days, if not paid at the time of visit. If the patient arrives for his/her appointment without payment,

- a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list of names, addresses, phone numbers and websites of state and national professional associations listed in Mhp 502.02 (a)(1) (a-e).
 - b. You have the rights to discuss questions or concerns about the mental health services you receive with your provider.
 - c. You have the right to file a complaint with the Board of Mental Health Practice.
- (b) A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office of the mental health practitioner and provide a copy upon request.
- (c) A licensee shall provide a copy of the mental health bill of rights to the client and/or agency if the assessment, consultation or intervention is provided outside the office.

it may need to be rescheduled, depending upon the urgency of the visit. Also, all dental self-pay patients receiving services to include root canals, crown and bridge and any prosthetics will be required to pay AGCHC's fee before the first appointment will be scheduled for treatment.

Payment Plan:

Payment plans are accepted. Our staff will work with you on an affordable payment plan if you cannot afford to pay your bill.

Collections:

Patient accounts that are 60 days overdue will be sent to a collection agency. You can avoid being sent to collections by making a payment plan for any balance due.

implementation and termination or referral of your treatment.

- (7) To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, Therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as Otherwise provided by law.
- (8) To obtain information regarding the provision(s) for emergency coverage.
- (9) To receive a copy of your mental health record within 30 days upon request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.
- (10) To know that your mental health provider is licensed by the State of New Hampshire to \ provide mental health services.

Registration Requirements

Even though Federal, State and local funds allow us to provide a discount to non-insured patients, we must rely on patients paying their remaining balances to continue providing quality care.

With or without insurance, you will need to complete the Intake and Sliding Fee Application form. The Sliding Fee Application Section must be completed to receive a discount. Two items are required: ***Family Size and Income.***

Please be prepared to bring in proof of income.

Examples of proof of income are:

4 current consecutive pay stubs

Current tax return

Unemployment check stubs

Schedule C (Profit & Loss from Business)

Examples of types of income are:

Social Security Retirement

Business Welfare Payments

Child Support Alimony

Disability Others

Upon receiving proof of household income, Patient Advocate staff will inform you which category your income qualifies for. You will be required to bring the appropriate amount of money to each appointment.

typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:

- a. abuse of a child;
 - b. abuse of an incapacitated adult;
 - c. Health Information Portability and Accountability Act (HIPPA) regulation compliance;
 - d. certain rights you may have waived when contracting for third party financial coverage;
 - e. orders of the court; and
 - f. significant threats to self, others or property.
- (4) To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).
- (5) To obtain information, as allowed by law, pertaining to the mental health provider's assessment procedures and mental health diagnoses (RSA 330-A:2VI)
- (6) To participate meaningfully in the planning,

Basic Information About Programs and Services

Admitting Privileges: AGCHC has admitting privileges at both Frisbie Memorial and Wentworth-Douglass Hospital.

After hours Care: CareLink is a service to AGCHC patients for after hours questions and concerns. Just call our agency number and follow the prompts to CareLink. A nurse will take your call and advise you about your situation.

Baby Steps Program: An infant/child Developmental specialist is available at both sites during well child checks to answer your questions about development, provide information and suggestions to promote your child's development.

Birth Control Method Pick up and Depo Injections: Call 72 hours in advance to make sure your pills will be ready for you or called into your pharmacy. No appointments are necessary for Depo Injections or pill pick ups for established AGCHC Patients on *Tuesdays, 1:30pm to 4pm in Rochester or on Thursdays, 1:30pm to 4pm in Dover.*

Breast and Cervical Cancer Program (BCCP): Provides free breast cancer screening with breast exams and mammograms, as well as free cervical cancer screening with Pap smears. This program is for women aged 40-64 who are uninsured, under-insured (have an insurance deductible of \$350 or more), have a Medicaid spend down, or Medicare Part A only.

Chronic Disease Management: Asthma, diabetes, and other chronic diseases require management skills. AGCHC has educational offerings and trainings available to help you manage your chronic disease.

and enhance the well being of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

- (1) to be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical Standards:
 - a. for psychologists, the American psychological Association;
 - b. for independent clinical social workers; the National Association of Social Workers;
 - c. for pastoral psychotherapists; the American Association of Pastoral Counselors
 - d. for clinical mental health counselors; the American Mental Health Counselors Association;
 - e. and for marriage and family therapists;

- d. for clinical mental health counselors; the American Mental Health Counselors Association; and
- e. for marriage and family therapists; The American Association for Marriage and Family Therapists;
- (2) To receive full information about your treatment provider's knowledge, skills, experience and credentials.
- (3) To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are

You are responsible for:

- Providing accurate information about your past health history.
- Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis, or any instructions.
- Recognizing the effect of your lifestyle on your personal health.
- Providing the necessary information to complete your file and providing updates as information changes.
- Any charges billed to you.
- Following the rules and regulations posted with AGCHC and available in the Patient Handbook.
- Providing your practitioner with at least 72 hours notice when you or your family are in need of medications or a prescription.
- Arriving on time for your appointment.
- Calling at least 3 hours in advance of your appointment to cancel and/or reschedule.

Mental Health Bill of Rights:

“ This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. It’s purpose is to protect the rights and

Commodity Supplemental Food Program (CSFP): A nutrition program offering free, nutritious food to supplement the daily diets of children under 6, new mothers for the first 12 months after giving birth, and persons 60 and older.

Compliments/Complaints: If you have something nice to say we’d love to hear it. We’d also like to hear about any issues or problems you’ve had with AGCHC. We can’t address it if we don’t hear about it. Please call 749-2346x561 to contact our Outreach Coordinator to discuss further.

Dental Care: Provided on site by our own dentist and hygienist to all established patients of AGCHC. Adults must be established with AGCHC to receive dental services.

Handicap Accessibility: All three offices of AGCHC are handicap accessible. If you require additional assistance, please call ahead to be met by a staff member who will assist you.

Interpreters: AGCHC is dedicated to providing service to a wide diversity of cultures. If you need translation assistance for your visit, please call ahead. Our staff will do it’s best to provide you with a translator or direct you to a source that may help you find one.

Lab Work: Most lab work can be done on-site at AGCHC. It may then be sent out for processing. PathLab/LabCorp, NENE Pathology, and Young Novis Pathology participate with us on sliding scale fees, but other processing labs may not. The cost of these labs will be the patients responsibility.

Medicaid Application Assistance: Our patient advocates will assist you with applications for Medicaid for you and your children. This includes the Healthy Kids Gold and Silver programs.

Routine Appointments: Call the Central Scheduler to make an appointment with the provider of your choice at the health center of your choice.

Medication Assistance Program (MAP): Utilizing the indigent drug programs of over 50 drug companies providing over 1000 different medications, our MAP Coordinator will do the paperwork for you to determine your eligibility to receive these low-cost or free medications. A \$10 administrative fee is charged per medication at the time you pick up your medications. This program is available if you are uninsured, are not receiving veteran's benefits and need assistance with your medication costs.

Medication Refills: For medication samples or medications you receive through a pharmacy with a prescription. Call the Medication refill line 72 hours before you run out. You will get an answering machine where you will leave your name, date of birth, the name of the medication, the dose you are taking, and if you would like the prescription called in, the name of your pharmacy and the town it is in.

Pediatric health care: Available for every stage of your child's life. Pediatric exams not only assess your child's health, but give you guidance on what to expect as your child grows. We have a child development specialist available to discuss infant development and how you can help your child flourish. We offer school, sports and camp physicals as well. Also see Walk-in Immunizations for Children on page 11.

Prenatal Program: Available to all patients. Separate paperwork from the routine agency intake paperwork is required, as well as proof of pregnancy. Call the Patient Advocate at your health center.

Patient Rights and Responsibilities

You have the right to:

- Receive considerate, respectful, and timely care at AGCHC.
- Receive an explanation of your diagnosis, treatment, and prognosis in terms you can understand.
- Receive the necessary information to participate in decisions about your care and to give your informed consent before any diagnostic or therapeutic procedure is performed.
- Expect that your personal privacy will be respected by all staff members at AGCHC.
- Expect that your medical records will be kept confidential and will be released only with your written consent, in cases of medical emergencies, or in response to court orders. (Confidentiality can be breached if the individual poses a significant threat of harm to self or others.)
- Know the names and positions of people involved in your care by official nametag or personal introduction.
- Ask and receive an explanation of any charges made by AGCHC, even if they are covered by insurance.
- Obtain another medical opinion prior to any procedure.
- Review and receive a copy of any medical records created and maintained by AGCHC regarding your care and treatment.
- Effective pain management and to be informed by staff about available measures.
- Be made aware of advance directives, and to know how this organization will respond to such advance directives.
- Care that takes into consideration your psychosocial, spiritual, and cultural values.

day or reschedule.

- The RN at the respective site can also triage any acute patient that arrives late to assess if they need to be seen that day.
- For any patient that is deemed needed to be seen that day, the patient will be notified by the front desk clerk that they will be seen either when the provider is able to squeeze them in between the other patients that are already scheduled or if someone else is a no show.
- This policy is for all medical, prenatal and dental patients.

No Show Policy

- AGCHC works hard to provide health care to uninsured and underinsured residents of Strafford County. Our costs go up when patients do not show up for their scheduled appointments without giving us advanced notice.
- If a patient is unable to keep a scheduled appointment, AGCHC must be notified in advance to cancel that appointment. A no show is considered an appointment that is not canceled before the originally scheduled appointment time.

After the first appointment is missed, the patient will receive a call from our Patient Advocate to educate the patient on our policy, as well as receive a letter. If the patient fails to keep the second consecutively scheduled appointment, he/she may no longer be able to schedule future appointments with AGCHC. The patient will call the day they would like the appointment and will be given an appointment based on need and availability. Keeping this appointment will return the patient to the status of scheduling appointments in advance.

Primary Health Care: Provided to all men, women, and children, with consideration of ability to pay. AGCHC accepts most insurances, and provides sliding scale fees for the uninsured. Liberal payment plans are available to ensure that you receive the care you need, when you need it, not just when you can afford it. Regular checkups are scheduled with our staff physicians, physician assistants and nurse practitioners. Follow up care is scheduled as needed. Referrals to Specialists are also made as needed.

Providers: Currently we have both a male and a female MD on staff. You may also choose to see a Nurse Practitioner, or Physicians Assistant. The choice is yours for prescheduled appointments. For same day care, you may have to see the available provider on duty.

Same Day/Emergency Care Appointments : If you feel you have an urgent need to be seen, the triage nurse will evaluate your situation and determine if you require a visit that day. You may be directed to the emergency room if we are unable to see you that same day or if your situation requires it. If you are unable to reach the triage nurse, return to the switchboard operator and ask for assistance.

Sexually Transmitted Disease/HIV Screenings: Confidential screenings and counseling services are available from trained staff members. Walk in basis, first come first served.

Tuesdays, 5pm to 6pm in Dover or on
Thursdays, 5pm to 6pm in Rochester.

Social Services: Social workers are on staff at AGCHC to assist patients. Referrals to the social worker are made from your AGCHC primary care provider.

Specialist Referrals: Made as needed by your

primary care provider at AGCHC. Please be aware that services provided outside of the AGCHC facilities are not billed at the AGCHC sliding scale rates (exception: Path Lab/LabCorp) and you will be responsible for establishing payment arrangements with the specialist or service where care is provided.

StraffordCare:

StraffordCare is a comprehensive network of specialty and ancillary health care providers generously offering their services to the uninsured at a reduced fee. This is not health insurance: it is a Medical Discount Plan. StraffordCare does not make payments directly to providers. Enrollees must pay by cash or credit card at the time services are provided. Please contact Jessica Garglough, Care Coordinator, at 516-2551 to find out more information or to see if you are eligible.

TITLE X Family Planning: This program provides high-quality contraceptive services and other preventive health care. Services through this program include:

- Up-to-date contraceptive information & counseling
- Safer sex counseling
- Basic infertility screening
- Referrals to specialized healthcare
- Wide range of contraceptive options
- Confidential services
- Pelvic exams
- Pregnancy testing
- Unplanned pregnancy counseling & referrals
- Community outreach and education services
- Fees based on income and ability to pay

longer request services or until I may no longer be eligible for services through Avis Goodwin Community Health Center. I understand that it includes consent for general physical examination; collection of samples for necessary blood test, blood counts and urine tests; repair small cuts; and all other ordinary clinic procedures.

- I am aware that the practice of medicine is not an exact science; no guarantees have been made to me regarding the results of treatments or examinations in the health center.
- I understand that I may revoke this consent only by giving a written statement and that, if I choose to revoke this consent, the possible medical consequences of my decision will be explained to me.
- I understand the Avis Goodwin Community Health Center does not perform laboratory testing and x-ray services; those services are provided by a referred service. I will be responsible for the costs of these services.

Late Policy

- For a 15minute appointment-if the patient is late by 5 or more minutes, they will be asked to re-schedule for a different day.
- For a 30 minute appointment-if the patient is late by 10 or more minutes, they will be asked to re-schedule for a different day.
- For a 45minute or longer appointment-if the patient is late by 15 or more minutes, they will be asked to reschedule for a different day.
- If the appointment was for an acute issue, the clerk checking in the patient will notify the medical assistant working with the respective provider that the patient arrived late for the appointment and the provider will then make the decision as to whether the patient needs to be seen that same

charged with improving the health of the regions they serve.

- Tool to assess the appropriateness and quality of care that you received
- Tool to improve the quality of health care and achieve better patient outcomes

Release of Information Form

All Patients: I hereby authorize AGCHC to furnish information to my insurance carrier concerning my illness and treatment. I hereby assign to AGCHC all payments for medical and dental services rendered to my dependents or myself. I understand that I am responsible for any amount not covered by my insurance. If the claim is not paid or denied within 30 days, a written formal complaint may be issued to the Insurance Commissioner on my behalf and I will be liable for the unpaid claim.

Authorization and Consent for Treatment Form

- Upon arriving for your first scheduled appointment with AGCHC you will be asked to sign an authorization and consent for treatment form. It states:
- I, the undersigned, hereby give permission for the Avis Goodwin Community Health Center physician and staff to examine me (or the above-named patient, if legal guardian is signing) and to conduct such tests and procedures as are necessary for diagnosis and care, and to give such treatment as the clinic physician deems necessary.
- I consent to have copies of my pertinent Avis Goodwin Community Health Center medical records sent to other providers who see me on a referral basis from Avis Goodwin Community Health Center.
- This consent is for ongoing healthcare, until I no

Transfer of Medical records: To arrange for transfer in or out of your medical records or for copies of records to be sent to specialists or Medicaid, call the Medical Records extension at the office where you are seen.

Charging a fee for copies of medical records:

- A. If a patient is transferring care to another medical office, the record will be copied once at no charge.
- B. All other requests from patients, state agencies and lawyers will be charged \$.50/page(fifty cents). The money will be collected prior to releasing the records.
- C. Any emergency transfer of records to a physician's office or the hospital will be NO CHARGE.

Transportation: AGCHC medical sites are located near bus routes for your convenience.

Walk-in Services: Services such as depo injections, birth control pick-up and child immunizations. You MUST bring a copy of their immunization record or a note from school so we may identify what immunizations are necessary.

Tuesdays, 1:30 pm to 4:00pm in Rochester
Thursdays, 1:30pm to 4pm in Dover

Women, Infants, and Children Program (WIC): A supplemental food and nutrition program for pregnant, postpartum or breastfeeding women, infants up to age 12 months, and children up to age five years. Food packages include milk, eggs, cheese, cereal, and juice. You may be eligible for WIC if you currently receive TANF, food stamps, Medicaid, or Healthy Kids Gold. Proof of income, residency, and personal ID are required to enroll.

340B Medications Program: AGCHC has pre-

purchased a variety of commonly prescribed medications in bulk. AGCHC will re-sell these medications to the AGCHC patients at cost with the addition of a small (\$7.00) distribution fee. Please ask your provider if any of your medications can be provided through this program. The provider will issue you a prescription. You will pay for the prescription at the cashier desk at AGCHC, where it will be stamped and initialed. You then take the completed prescription to the Care Pharmacy in Dover or Rochester and you will be issued your medication at no additional expense.

Forms & Authorizations

Health Insurance Portability and Accountability Act (HIPAA)

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined below.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice at your next visit. The revised policies and practices will be applied to all protected health information that we maintain.

Our agency is dedicated to maintaining the privacy of your individually identifiable health information. We use health information about you for:

Treatment: Your health information may be used by

staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of lab tests and procedures will be available in your medical record to all health professionals who may provide treatment. We may also send you information describing other-related goods and Services that we believe may interest you.

Payment: Your health information may be used to seek payment from your insurance plan and/or another third party payer such as a grantee.

Health Care Operations: Your health information may be used to improve the services we provide, to train staff, for business management, quality improvement, and for customer service. Information may also be shared with public health agencies and law enforcements as required by law.

All other uses and disclosures require your written authorization

This health information is recorded every time you visit the health center. Typically, this record contains your symptoms, examinations and test results, treatment and any plans for future care or treatment.

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal documents describing the care you received
- Means by which a payer can verify that you actually received the services billed
- Tool in medical education
- Source of information for public health officials