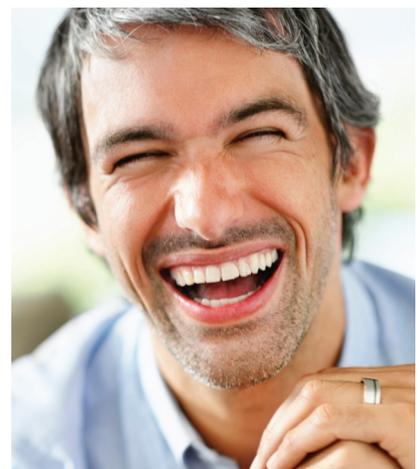




Patient Handbook

1.844.HRH.Care
(1.844.474.2273)



We look forward to becoming a health home for you and your family.

Welcome

Accueil

Bienvenido

بـيـحـرت

Welcome

Svāgata

환영합니다

Welcome to HRHCare!



HRHCare is your medical home for better health and is a nationally-recognized network of community health centers in the Hudson Valley and Long Island.

We offer many health, dental and community services, as well as free or low cost services for individuals and families. Our services and programs are for people of all ages, languages, cultures and sexual and gender orientations.

HRHCare doctors, nurse practitioners, physician assistants, midwives, dentists and social workers are highly trained, multilingual and are passionate about caring for people in our community. We provide evidence based care and coordinate services as part of your total care plan.

Great care comes when we partner together to help you live better.

HRHCare wants to do the best job we can. Ask questions during your visits. Call us at any hour, day or night with questions or concerns. We are always here for you.

This handbook has important information that you may need from time to time to help you get the most out of every visit to HRHCare. Please keep it in an easy to find and safe place.

It also has information about your privacy and your rights as a patient.

Again, welcome, and thank you for choosing HRHCare!

Sincerely,

Hon. Alan L. Steiner
Chairman of the Board

Anne Kauffman Nolon, MPH
President & CEO

Getting Started



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Your HRHCare Contacts



Your Health Center Address _____



Your Health Center Phone # _____

Make a list of the name of your and/or your family's doctor, nurse practitioner, physician assistant, dentist and any other HRHCare health team to help keep track of your care

Adult 1

Adult 2

Children



**Primary
Doctor /
Provider**



OB/GYN



Dentistry



**Social Work/
Counseling
Services**

Other Specialties _____

Name of Pharmacy, Address and Telephone _____



The Health Centers

1.844.HRH.Care
(1.844.474.2273)

Columbia & Green Counties

Hudson

750 Union Ave, 12534
518-751-3060

Dutchess County

Amenia

3360 Route 343, 12501
845-838-7038

Atrium at St. Francis Hospital – Poughkeepsie

1 Webster Avenue, Suite 202, 12601
845-790-7990

Beacon

6 Henry Street, 12508
845-831-0400

Dover Plains

3174 Route 22, 12522
845-877-4793

Family Partnership Center – Poughkeepsie

29 N. Hamilton Street, 12601
845-454-8204

Livingston St – Poughkeepsie

34 Livingston St, 12601
(at Lincoln Ave.)
845-240-7860

Pine Plains

19 Pilch Drive, P.O. Box 5271, 12567
518-398-8844

Orange County

The Alamo - Goshen

888 Pulaski Highway, 10924
845-651-2298

Walkill Valley - Walden

75 Orange Avenue, 12586
845-778-2700

Rockland County

Haverstraw

31 West Broad St, 3rd Floor, 10927
845-429-4499

Spring Valley

2 Perlman Drive, Suite 101, 10977
845-573-9860

Sullivan County

Monticello

19 & 23 Lakewood Avenue, 12701
845-794-2010

Suffolk County

Elsie Owens – Coram

82 Middle Country Road, 11727
631-320-2220

Greenport

327 Front Street, 11944
631-477-2678

Kraus Family Health Center – Southampton

330 Meeting House Lane, 11968
631-268-1008

Ulster County

New Paltz

1 Paradies Lane, 12561
845-255-1760

Westchester County

Peekskill

1037 Main Street, 10566
914-734-8800

Park Care – Yonkers

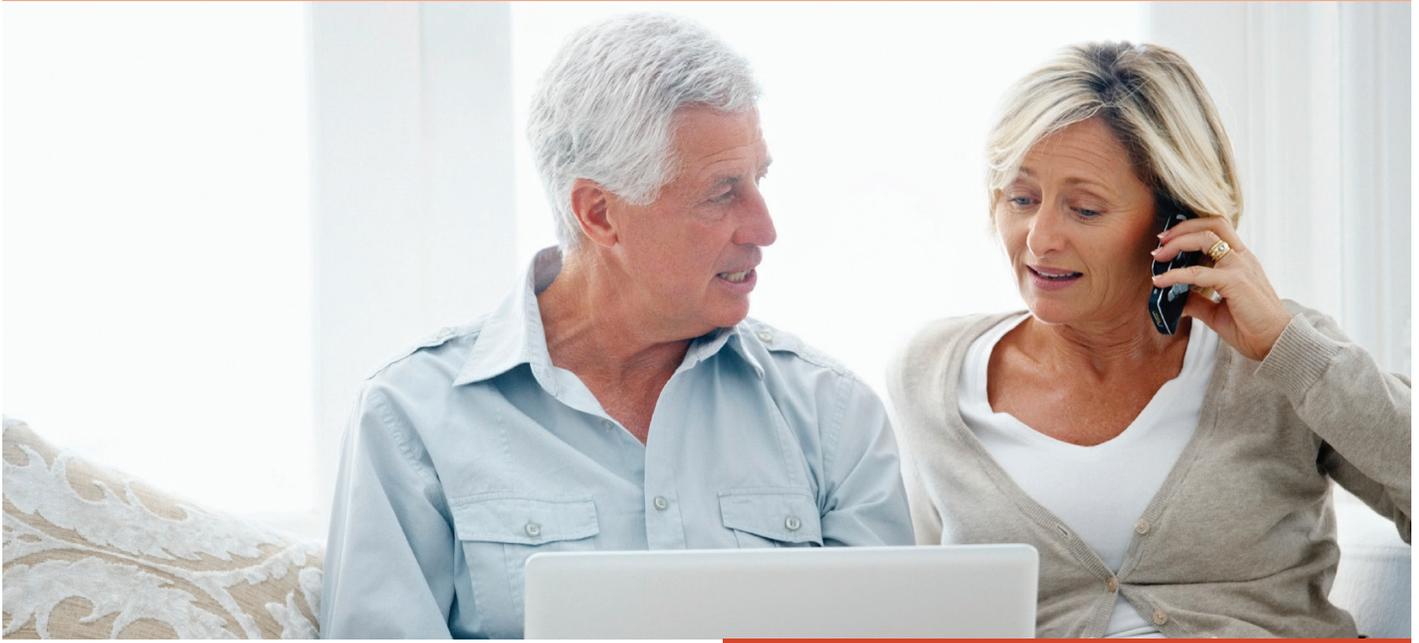
2 Park Avenue, 10703
914-964-7862

Valentine Lane – Yonkers

503 South Broadway, 10705
914-965-9771

Emergency Care





You can call us at any hour, day or night. We are here to help.

**HRHCare 24 Hour
Call Service
1.844.HRH.Care
(1.844.474.2273)**

Call if you have a medical or dental problem, a question about your medication, or any other health concern. If you are having a medical emergency, call 911.

Call us if you are going to the ER and call to make an appointment when you return home from the ER. We can help coordinate your care.

How to know when to go to the Emergency Room (ER)!

When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency? How can you tell if what you or a loved one is experiencing should have you rushing to the ER?

Knowing the difference between urgent care and emergency care could save your life in an emergency.



Time for the ER

The Emergency Room was designed to provide fast, life-or-limb-saving care. Many people, however, use the ER as a place to receive urgent care without realizing it. **If you're ever in doubt, it's better to be safe and go to the closest ER.** These are just a few of the health problems that are medical emergencies:

- Chest pain that won't go away, especially if it spreads to your arm or jaw
- Sweating and vomiting
- Shortness of breath or wheezing that won't go away
- Strong pain in the abdomen or starting halfway down the back
- Loss of balance or fainting
- Difficulty speaking or confused
- Weakness or can't move (paralysis)
- Your heart beats really strong and fast
- Sudden, really bad headache
- Sudden bad pain and swelling in the genital area or testicles
- Newborn baby with a fever
- Intestinal bleeding
- Anytime you fall and get hurt and you are taking blood thinner pills
- Loss of vision
- Head and eye injuries
- Broken bones or dislocated joints
- Deep cuts that need stitches – especially on the face
- Bad flu or cold symptoms
- High fevers or fevers with rash
- Bleeding that won't stop or a large open wound
- Vaginal bleeding with pregnancy
- Repeated vomiting
- Serious burns
- Seizures without a previous diagnosis of epilepsy



Call your HRHCare Health Center. We are here for you 24/7 to answer your questions.

When to call 9-1-1

Sometimes driving yourself or a loved one to the emergency room won't get you the medical care needed fast enough.

Many people are confused about when to call 911. It's better to be safe than sorry. If you are in doubt, please call 911. **Do not drive if you are having really bad chest pain or bleeding, if you feel like you might faint or if it is hard to see.**

For certain medical emergencies, such as a heart attack or stroke, taking an ambulance is safer because paramedics can deliver life-saving care on the way to the hospital.

When to call HRHCare.

If your symptoms come on gradually or you already know the diagnosis, such as a urinary tract infection, you may want to try to get a same day appointment with your HRHCare doctor and health care team. **While urgent care clinics are always available, your HRHCare doctor and health care team will have a better picture of your overall health for a more accurate diagnosis. You can call us day or night to answer your questions.**

Urgent care is not emergency care

An HRHCare provider is available 24/7 to help you decide where to get your care.

We can take care of your urgent needs by calling for a same day appointment. Evening and weekend hours and walk-ins welcome.

Be prepared for medical care

Whether you're going to urgent care, the ER or your HRHCare Health Center, put your medications including over-the-counter medications and vitamins in a bag and bring them with you. Many medications, and even vitamins, can interact with the treatment options your doctor plans to use.

Keep a list of any allergies, especially to medications with you; that also includes any previous invasive medical procedures and surgeries, the dates they were done and the names of the doctor or surgeon who treated you.



Total Health Care with HRHCare

**What does this
mean for you?**



Health Care at HRHCare

What does this mean for you?

**Better Care.
Better Health.
Lower Cost.**





Total Care

HRHCare provides total or a holistic approach to meeting people's needs of body, mind and spirit through prevention, wellness, serious (acute) and ongoing (chronic) care. If you need more advanced care or testing we have specialists or will refer you to one. HRHCare helps you get the appointment and coordinates follow up as part of your total care plan.



Every Stage of Life

Coming to HRHCare for a life time of care means we get to know you and can better diagnose and work with you to keep you healthy. HRHCare provides primary and preventative care for people of all ages and stages of life.



Community Partners

HRHCare works with many organizations in your community to help connect you to get the services you need.



Quality Team

What makes your experience with our HRHCare team of highly trained health care professionals so great is their promise and passion for serving you and keeping you healthy. You choose your provider and we go the extra mile to help meet all of your health care needs.



Affordable Care For All

HRHCare will never turn a patient away because they can not afford their health care. HRHCare staff work with you to find out which programs can help you pay for your care. We also offer a sliding fee scale based on your income and family size.



We Make It Easy

We do everything we can to help get the care right for you! It shouldn't be hard to get the care you need. We make it easier by offering:

- Day, evening and weekend hours
- Walk-in appointments
- Day and night call-in number for questions or concerns
- Multilingual staff
- Multilingual patient materials and forms
- Clear health information to empower you to participate and stay in control of your health

HRHCare Programs and Services

Each HRHCare health center has many health care services including primary medical care, women's health, dental, and some specialty medical services.

If you need more advanced care or testing we have specialists or will refer you to one. HRHCare helps get you the appointment and coordinates follow up as part of your total care plan.

Health Services for You & Your Family at Any Age



HRHCare Family Medicine and Primary Care Doctors, Nurse Practitioners and Physician Assistants can help you stay healthy, diagnose, and treat you.



Health Services for You & Your Family
Family Medicine
Care at any age



Health Care for Babies, Children, and Teens
Pediatrics
Care from birth until 18



Health Care for Seniors
Geriatrics
For the health care needs of people 65 and older



Teeth, Gums & Mouth
Dentistry
Oral health is an important part of staying healthy for you and your family at any age.



Healthy Eating & Lifestyle
Nutritional Counseling
Learn what you can do to get healthy, stay healthy and feel good.



Health Education
Learn what you can do to get healthy, stay healthy and feel good.

The HRHCare behavioral health team is here to help you & your family with social work support:

Behavioral Health



Social Work & Counseling Services
Feel better and get help when you need it. Our staff can help you solve problems and make good, healthy life choices.

- Individual & family counseling
- Screening and assessments
- Referrals

Women's Health



HRHCare helps women of all ages stay healthy.



Family Planning & Birth Control

Get the care you need to plan when you want to have children. HRHCare's doctors, Nurse Practitioners, and Certified Nurse Midwives can help women plan to get pregnant or avoid pregnancy by using birth control.

They can also help you learn how to protect yourself during sex to avoid sexually transmitted infections (STIs). We can provide testing and treatment.



Pregnancy

Get the care you need for a healthy pregnancy. HRHCare's doctors and Certified Nurse Midwives care for women before they have a baby, while pregnant and after the baby is born.



Women, Infants and Children (WIC) Healthy Food and Nutrition Services

Get the food and care you and your children need to stay healthy. For low-income women and their children up to age five.



**Gynecology,
Obstetrics,
and Midwifery**

HRHCare has programs to help you and your family get healthy and stay healthy including:

Other Programs



Diabetes Education

Learn how to prevent diabetes or manage it. We have classes to help you take better care of yourself, learn more about your medications, eat healthier and feel better.



HIV & Hepatitis C Care

HRHCare staff can help you learn what you need to know about HIV and Hepatitis C. We offer testing services, and help you manage these illnesses if you have them.

Our Genesis HIV Program helps people with HIV/AIDS, or those who have been affected by HIV/AIDS. Our staff works with you to make this program the best it can be for you. We help you manage your on going care.

Services include: Pre and Post Test Counseling, Case Management, Mental Health Counseling, Peer Support Groups, and Community Health Education and Outreach.



Health Services for Farmworkers

We offer medical and dental care, and other services for migrant and seasonal farmworkers and families to help you get the care you need. Our bilingual staff is here to help you. We can help you get to your doctor appointments, help you get prescriptions, and help you get healthier and stay healthier.

Our Voucher Program can help you get medical care even if you are not living near a HRHCare health center.



Quitting Smoking

Get help to stop smoking. Ask any of our staff to help you quit.

Specialty Health Care Services



HRHCare has the right kind of care for you. Our doctors take care of different parts of your body, such as your heart (specialists).

If you need more advanced care or testing we have specialists or will refer you to one. HRHCare helps get you the appointment and coordinates follow up as part of your total care plan.

Heart

Cardiology

Digestive Tract

Gastroenterology

Brain, Nervous System

Neurology

Skin

Teledermatology

Germs that make you sick

Infectious Disease

Kidneys

Nephrology

Feet, Ankles

Podiatry

Hormones, Diabetes

Endocrinology

Eyes, Vision

Optometry

Head and Neck Problems

Ear, Nose & Throat or ENT's

Lungs, Breathing

Pulmonology

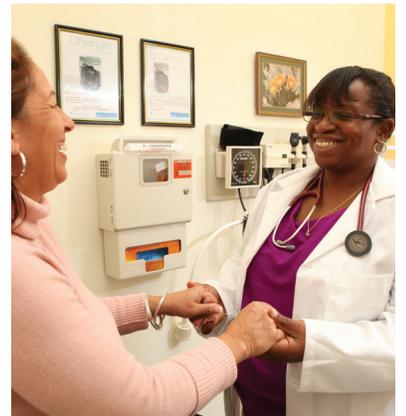
Eye problems

Ophthalmology

Prepare to Travel: Stay Healthy While Traveling Internationally

Travel Medicine





TIP

Ways to Keep from Getting Sick from Germs

- Wash your hands with soap and warm water for at least 20 seconds. Make sure you wash your palms, fingernails, between fingers and the back of your hands.
- Cover your nose and mouth with your elbow when you cough or sneeze, or use a tissue.
- Make sure any health care provider who comes into contact with you cleans his or her hands or wears gloves. Don't be afraid to ask if your health care team should use gloves.
- If you are sick, avoid close contact with others.

Appointment & Visit Information

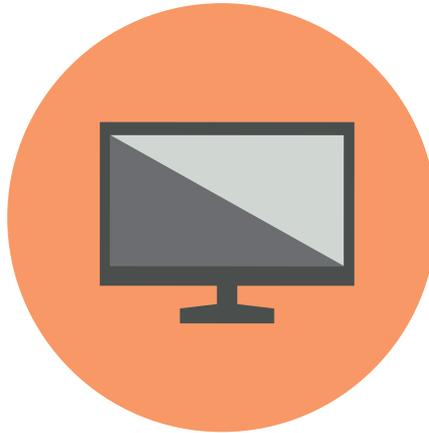




Making an Appointment

Here are ways you can make an appointment with us:

- Ask our front desk staff at your Health Center
- Call your local Health Center's telephone number
- Call the HRHCare main toll free number:
1.844.HRH.Care (1.844.474.2273)
- Sign up for MyHRHCare, your patient log-in, with any staff member. Go to **www.hrhcare.org** to **MyHRHCare patient log-in.**



HRHCare offers appointment reminders by phone 24 hours before your appointment or through your (MyHRHCare) online patient portal.



Walk-In Appointments:

Every HRHCare Health Center leaves time slots open each day, including evenings and weekends, for walk-in patients. To be seen by a doctor or nurse practitioner as soon as possible, it is better to make an appointment.



Rescheduling

Please call if you need to cancel or reschedule, 24 hours ahead if you can. Other patients may need your appointment.

For Your First Visit



When you visit an HRHCare Community Health Center, it is important to share your health history. **Come 30 minutes before your appointment time** to tell us your health history. You will be asked to fill out health forms, with our help if needed. The information you give will only be shared with your health team at HRHCare. If you want to fill out the forms at home and bring them to your visit, you can download, print and fill them out by going to [www.hrhcare.org/For Patients/What to Expect](http://www.hrhcare.org/ForPatients/WhattoExpect).

Your doctor and other health care team members will create a full care plan to meet your needs. Your doctor or team member will talk with you to make sure you understand what you need to know, and to answer any questions. **Our goal is for you to be able to take an active part in your health!**

Please ask questions about your treatment plan or your medications. We are happy to answer anything you'd like to know. We will also tell you how to take your medicine in a safe way.

Before Every Appointment

To help provide you with safe and effective care, it is important that we know the following information before your appointment:

- If you have seen a specialist since your last appointment (such as a heart doctor)
- If you have been hospitalized or have been in the emergency room
- If you have had any medical tests done
- If any of your medications have changed or if you have stopped taking any of your medications
- If you have any questions, or if there is anything about your health you would like to tell us

Please call before your appointment to let us know so we can help coordinate your care.

Medications

Make sure you tell your doctor or nurse about all medications you are taking. This should include prescription, over-the-counter medications, herbs or supplements. Put them all in a bag and bring them with you to your visit.

We will talk to you about any new medication you are prescribed, and how to take it. Please ask any questions you have about medications you are taking. Always call us if there is a problem. A HRHCare provider is here for you day and night.

Pain

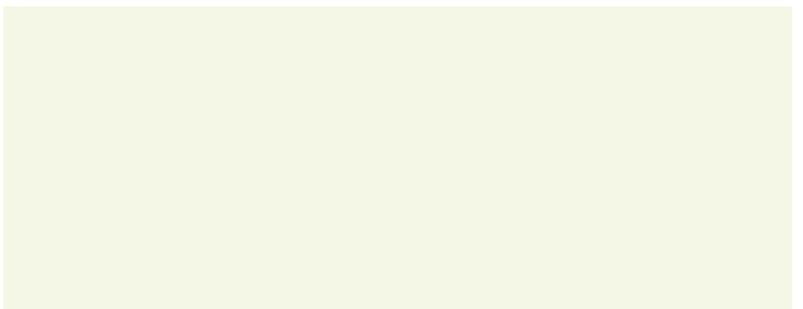
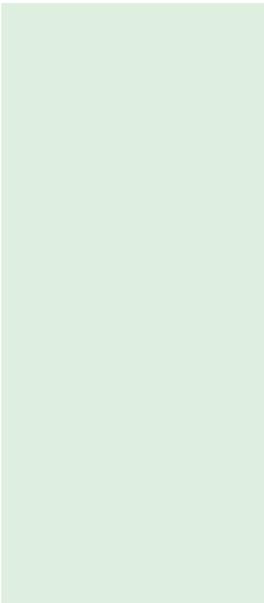
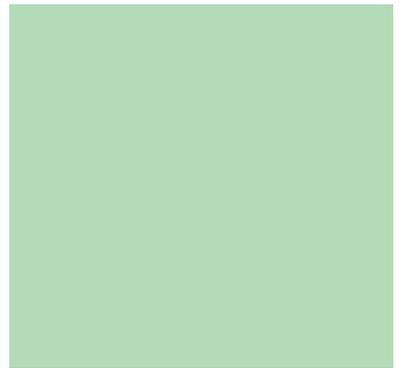
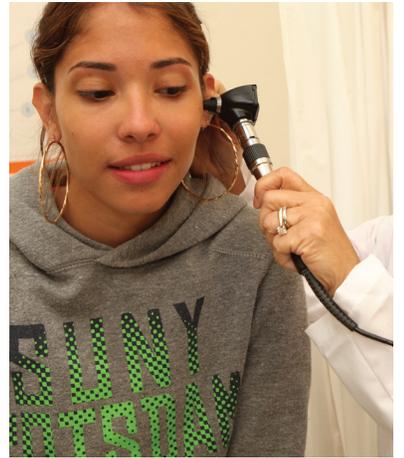
It is important to tell the doctors and providers if you have pain! They will be asking you about pain. You will be asked to describe how much pain you are in. Your pain level may change over time. We want to be sure your medication and other treatments are working. The more we know about your pain the better we can treat it.



Overnight in the Hospital

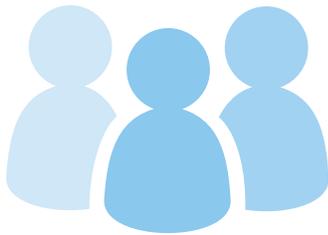
Please let us know if you stayed overnight in a hospital or visited the emergency room (ER). As your medical home for better health, we help you manage medications and follow-up care after you leave the hospital or ER. It is better if you call to tell us that you are going to the ER or will have a stay in the hospital before you go. We will help coordinate your care with the hospital and the ER.

Pain Scale Illustration: From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p.1301. Copyrighted by Mosby, Inc. Reprinted by permission.



Your HRHCare Team





Your HRHCare Team

There are many HRHCare staff members who will be part of your health care team (providers). At HRHCare you choose your primary care provider.

Your care team:

- Gets to know your health needs. Our providers can help you stay healthy, diagnose, and provide treatment.
- Speaks the language you speak (such as Spanish or Haitian Creole)
- Learns about your health history (such as surgeries, broken bones)
- Keeps track of the medications you take
- Learns other important information about your health (such as allergies)

Your team includes your (provider) doctor, nurse practitioner, or physician assistant and other staff members. Your team works together to manage your services so you get the best care possible.

Your team may include:

Medical Staff

- **Doctor (MD for Doctor of Medicine, DO for Doctor of Osteopathic Medicine)** Doctors care for patients once they are in exam rooms. They learn about your medical history, prescribe medications, and make a plan for treatment.
- **Nurse Practitioner (NP)** Nurse Practitioners care for patients once they are in exam rooms. They learn about your medical history, prescribe medications, and make a plan for treatment.
- **Physician Assistant (PA)** Physician Assistants care for patients once they are in the exam room. They learn about your medical history, prescribe medications, and make a plan for treatment. They offer care with the supervision of a licensed doctor.
- **Registered Dietitian (RD)** Helps patients make healthy food choices.
- **Certified Diabetes Educator (CDE)** Has a great deal of knowledge of diabetes management, pre-diabetes, and diabetes prevention.
- **Other Specialty Doctors** If you need more advanced care or testing we have specialists to meet your needs or we help you coordinate with referrals, appointments, and other follow up support and build it into your total care plan. For Example Cardiologists and Podiatrists.

Nursing Staff

- **Registered Nurse (RN)** Manages the overall leadership and quality of care within the department.
- **Clinical or Medical Assistant (MA)** Takes your temperature, listens to your heart, and other vital signs, and may also take blood.
- **Licensed Practical Nurse (LPN)** Takes your temperature, listens to your heart, and other vital signs, and tells the doctor the reason for your visit. An LPN may also run certain tests (such as blood tests) and give ordered medicine.



Dental Staff

- **Dentist (DMD, DDS)** Checks teeth, gums and mouth and does any procedures, such as fixing a cavity, root canals, tooth removal, dentures, x-rays, and more.
- **Dental Assistant (RDA)** Assists the dentist by setting up and passing the necessary dental tools during a procedure, keeps the exam rooms clean, and takes x-rays.
- **Dental Hygienist (RDH)** Cleans and flosses teeth before the dentist performs a check-up; teaches patients about good oral health, may look at x-rays, and more.

Women's Health

- **Obstetrician/Gynecologist (OB/GYN)** These doctors care for women at every age and stage. They specialize in both obstetrics (pregnancy & birth) and gynecology (check-up and health of the female reproductive organs). They perform annual exams, pap smears as well as deliver babies.
- **Nurse Midwife** Provides care to women during pregnancy and delivers the baby, as well as provides care after the baby is born, and other general women's health care.

Outreach Services

- **Outreach Worker** Works with patients at the Health Center and/or at different program locations. Often drives patients who live in rural or other remote areas to and from the Health Center, helps pick up prescriptions and makes appointments.

Behavioral (or Mental Health)

- **Psychiatrist (MD)** This doctor has a medical degree and will diagnose and treat mental and emotional disorders and can prescribe medications and therapy.
- **Social Worker (BSW/MSW/LCSW)** Provides individual and family counseling, screening and assessment, early intervention and referrals.

Other Health Professionals

- **Patient Representative** Greets you when you call or walk in the door of our Health Centers. Also works with scheduling & billing, and takes care of paperwork including patient information and signatures.
- **Patient Care Partner** Keeps in contact with patients to help manage their care. Will follow up and keep track of patients on-going medical care and talks with them at appointments. Will help make appointments for referrals and will help explain some of the information given by your doctor or health team.
- **Case & Care Managers** A Case or Care Manager supports a patient with chronic diseases such as HIV or diabetes with adherence to medication, follows up with treatment and appointments and communicates with patients at the Health Center and at home. They also work with our health home and ACO.
- **Health Educators** Provides advice and guidance for patients and in community groups in ways to live healthier, better lives.





Other Care Team Members

There are some health care workers outside of HRHCare staff that you may be referred to in certain situations. You may go to one of these professionals if you need certain medication, scans and tests, or specialty services that HRHCare may not have on site. We help coordinate these services for you.

These care team members may include:

- **Pharmacist** - Dispenses drugs and medications prescribed by doctors and other medical providers.
- **Laboratory Technicians** - Carries out routine tests and analysis of bodily fluids (such as blood or urine) under the instruction of a doctor.
- **Ultrasound Technician** - Operates ultrasound/scanning equipment, takes measurements and images to assist doctors in diagnosis.
- **Specialty doctors** – Doctors that are not part of HRHCare staff. HRHCare staff will refer you to these doctors if needed.

HRHCare Technology/ Your Health Records: Electronic and Online





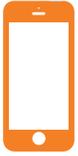
Electronic Health Record eCW (eClinicalWorks)

HRHCare doctors, nurse practitioners and health care team are now using an electronic health record called eClinicalWorks (or eCW). The eCW ensures that we work as a team on your behalf. Your medical chart with your health history and clinical information is stored and maintained in the HRHCare secure database. The up-to-date information about your health and medications help your doctor and other medical staff provide safe, and better care for you.

When your provider is using a computer during your visit, he or she is referring to your electronic health record and making the necessary changes to keep it up to date. If you need to make an appointment with another HRHCare provider, they will have access to this record with your permission so that they can give you the right treatments and care.

Benefits of eCW

- Your care team has more accurate, up to date information about you
- Fewer errors and no mistakes due to handwriting
- More information at a glance that is easy and quick to find
- You do not need to give your information each time you are in the office



Healow App for Smartphones

Because HRHCare uses eClinicalWorks as our electronic health record system, our patients can get a smart phone app called "Healow."

Patients and family members can use the app to read their health records and allows for two-way communication between you and your health team.

If you have a smart phone, you can download the app and view:

- Your health records
- Medications
- Immunizations
- Vital data (such as your blood pressure numbers)
- Test results
- Reminders
- Statements
- Educational materials

With Healow, you also can communicate with your doctor electronically by sending messages or requesting medication refills.

QR Scan to
Download
iPhone App



QR Scan to
Download
Android App



While this app will help us to coordinate your care, it primarily allows you to have control over your health plan and have the information needed to make important decisions regarding your care. This app lets your team stay current with your care. It also helps you manage your health plan and care.



MyHRHCare

With MyHRHCare you can get your personal health record. With your patient log-in to MyHRHCare, you can:

- **Make Appointments**
Request & keep track of appointments
- **Get Lab Results**
Receive & view latest lab results
- **Read Health Records**
View your personal health record, save as a PDF, & print
- **Send Messages to Your Team**
Send messages to your Care Team with eMessenger
- **Get Reminders** Get appointment and health reminders
- **Manage Refills for Prescriptions**
Request medication refills
- **Learn More** Get tips on how to stay healthy

How do you get your "MyHRHCare" patient login?



Ask any member of our staff to sign you up for your MyHRHCare patient log-in. All we need is your email address to get started. HRHCare will give you a username and password.

To access MyHRHCare:

Go to www.hrhcare.org and click the "MyHRHCare or Patient Log-in" button.

Or use the HRHCare Online direct link:

<https://health.eclinicalworks.com/HRHCare>

MyHRHCare is not intended for urgent health concerns. If you need to see a doctor the same day, always call the Health Center. Never use MyHRHCare in the case of an emergency. **In an emergency, call 911 immediately.**

Payment Options





Payment Options

HRHCare offers all patients a solution for making health care affordable. Our patient representatives are here to look at ways to get you the most affordable care and answer any questions you might have.

HRHCare accepts the following forms of payment:



- Most private health insurance and managed care plans
- Public health insurance (Medicare, Medicaid, Family Health Plus, Child Health Plus, and others)
- Cash, check, credit or debit card
- Sliding fee scale for people who do not have insurance



If you have any questions, call **1.844.HRH.Care (1.844.474.2273)** and ask for the Billing Department.



Care Solutions

Sliding Fee Scale for people who don't have insurance.

For patients who do not have insurance, we use what is called a Sliding Fee Scale. This is when the cost of your care is based on:

- How many people are in your family
- Household income (Proof of Income is needed)



When is payment due?

If your insurance requires a self-payment or co-payment, the payment is due at the time of visit.



Billing:

If payment is not collected at the time of visit, you will be billed at the address you provided. Payments can be mailed to:

HRHCare, Inc.
Attn: Billing Department
6 Henry Street
Beacon, NY 12508

If you have any questions about billing, please call:

1.844.HRH.Care
(1.844.474.2273)

Prescription Programs

HRHCare wants to make sure you get the medications you need when you need them. Our staff can find a pharmacy for you in order to fill a prescription from a HRHCare doctor or nurse practitioner. We may also be able to help you sign up in a prescription program that provides medication at lower costs, or in some instances, for free.



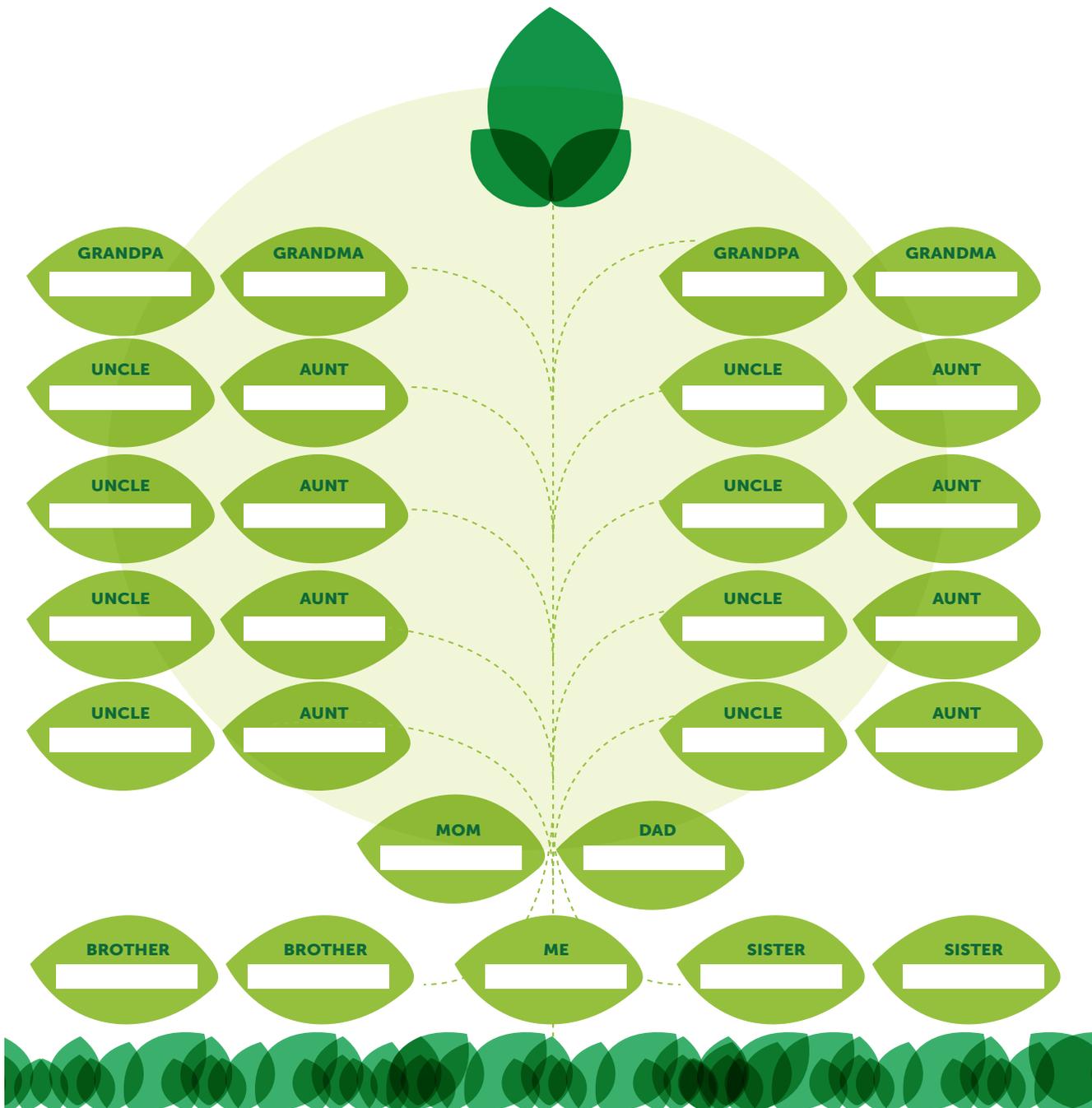
Health Information

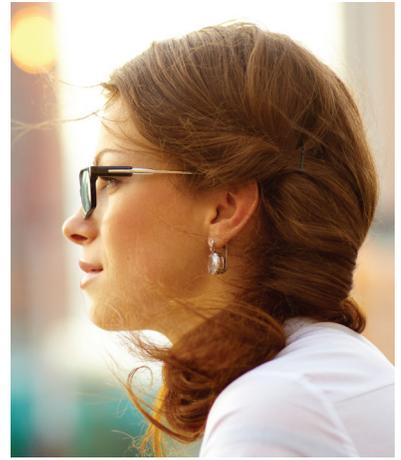


Family Health Tree

Use this tree to discover which health conditions may be in your family. Fill in the boxes with the health conditions of your blood relatives. (For example, diabetes, or heart disease.) Be sure to complete both sides of the family.

By knowing which health conditions and diseases are in your family, you can make the right choices to help prevent those conditions from being passed down to you.





We appreciate any feedback our patients give us so that we can make changes to better serve you and your community.

At HRHCare, we take your health and rights as a patient very seriously and want to know whether we meet your expectations for care.

If you have a question, comment or concern, you may communicate it with us by:



Calling **1.844.HRH.Care** (1.844.474.2273)



Filling out a CAHPS survey (Consumer Assessment of Health Providers & Systems) by mail.



We want to hear good things too! Ask or look for the “Tell Us About Your Visit” booklet in the waiting room of your Health Center, if you were very happy with our staff and care!

Privacy & Rights

1. Privacy Notice

This tells you how medical information about you may be used and how you can get your information.

2. Patient Bill of Rights

This tells you how you are supposed to be treated by HRHCare staff at all times.

3. Patient Responsibilities

This tells you about your role in helping HRHCare give you the safest and best care.

4. Planning In Advance For Your Medical Treatment

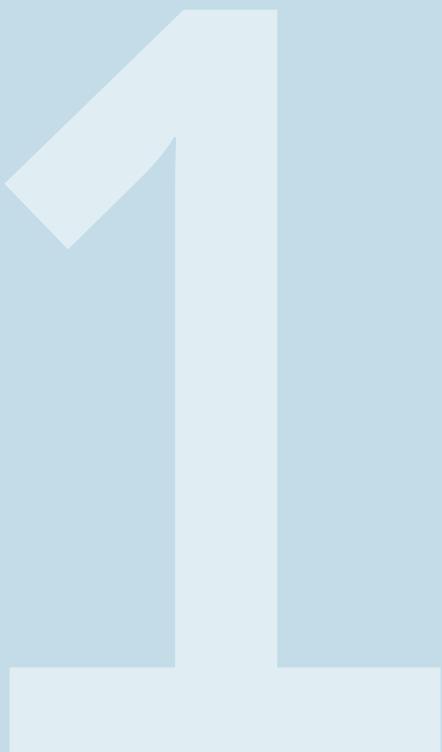
This tells you about how you can make sure your health care wishes can be carried out if you are unable to do so yourself.

- a.** Planning in advance for your medical treatment
- b.** Appointing your health care agent
- c.** About the health care proxy
- d.** What you should know about advance directives
- e.** Health care proxy form

Please read this information and let us know if you have any questions.

Thank you for choosing HRHCare. We appreciate the opportunity to take care of you.

1. Privacy Notice



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. 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 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 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 **www.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.

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 3/14

2. Patient Bill of Rights



PATIENT BILL OF RIGHTS

HRHCare (also referred to as the Health Center) has always recognized that patients should be treated with dignity and their rights respected. The Health Center welcomes the opportunity to express in a formal way our patients' rights to:

1. Receive Medical/Dental care as indicated by the patient's Medical/Dental condition upon arrival at the Health Center.
2. Be treated with consideration, respect, privacy and full recognition of their dignity and individuality.
3. Be informed of the services available at the Health Center.
4. Be informed of the provisions of off-hour emergency coverage.
5. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced-cost care.
6. Upon request, obtain the name of the Medical/Dental provider assigned the responsibility for coordinating their care and, upon request, consult their provider for the type of care being rendered.
7. Be informed of the name and function of any person providing treatment.
8. Obtain from their provider complete, current information concerning their diagnosis, treatment and prognosis in a manner that the patient can reasonably be expected to understand.
9. Receive from their provider information necessary to give informed consent prior to the start of any procedure or treatment or both. An informed consent shall include, at a minimum, the specific procedure or treatment or both, the reasonably foreseeable risks involved and alternative for care or treatment, if any, as a reasonable provider under similar circumstances would disclose.
10. Refuse treatment to the extent permitted by law and be informed of the medical consequences of his/her actions.

11. Privacy to the extent consistent with providing adequate medical care to the patient. This shall not preclude discreet discussion of the patient's case or examination of patient by appropriate health care personnel.
12. Approve or refuse the release or disclosure of the contents of their medical record to any health care practitioner and/or health care facility except as required by law or third party payment contract.
13. Access their medical record and appeal any denial of the medical record to the NYS Department of Health's Complaint Hotline at 1-800-804-5447.
14. The identity, upon request, of other health care institutions that the Health Center has authorized to participate in the patient's treatment.
15. Upon request, examine and receive an itemization of his/her account statement regardless of the source of payment.
16. Treatment without discrimination as to race, color, religion, sex, sexual orientation, gender identity, national origin or source of payment.
17. A smoke-free environment enforced by the Town/City Fire Code, which prohibits smoking in the Health Center.
18. Refuse to participate in experimental research.
19. Voice grievances and recommend changes in policies and services to the Health Center staff, the Center's President and the NYS Department of Health, without fear of reprisal.
20. Express complaints about the care and services provided and have the Health Center investigate such complaints. The Health Center is responsible for providing the patient or their designee with a written response within 30 days, if requested by the patient, indicating the findings of the investigation. The Health Center is also responsible for notifying the patient or their designee that if the patient is not satisfied by the Health Center response that the patient may complain to the NYS Department of Health's Complaint Hotline at 1-800-804-5447 or to the Joint Commission on Accreditation of Health Care Organizations (JCAHO) at 1-800-994-6610.
21. Request restrictions on the ways in which the Health Center uses and discloses their health information for treatment, payment or health care operations, or discloses information to disaster relief organizations or individuals who are involved in their care. All requests must be submitted in writing.
22. Ask the Health Center to send health information to the patients in a different way or at a different location if they believe that will provide them with additional privacy protection. All requests must be submitted in writing.
23. Inspect or request a copy of the health information the Health Center maintains about the patients, such as, medical or billing records. The Health Center may charge the patients a reasonable fee for copies to cover its costs. All requests must be submitted in writing.

24. Request changes to any health information the Health Center maintains about the patients if they state a reason why this information is incorrect or incomplete. All requests must be submitted in writing.
25. Receive a list of certain disclosures made after April 13, 2003, of the patients' health information that has been made by the Health Center for purposes other than treatment, payment or health care operations. All requests must be submitted in writing.
26. Obtain a paper copy of the Health Center Notice of Privacy Practices.
27. A copy of these rights shall be given to each patient or their personal representative upon registration at the Health Center.
28. Patients have the right to change their advance directives at any time.

Should you have any questions about any of these rights, please contact the Health Center Quality Improvement Department at (914) 734-8800.

Rev. 3/14

3. Patient Responsibilities



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

4. Planning in advance for your medical treatment



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.)

(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.....

.....



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