



# **Patient Information Handbook**

Revised 10/12/11

Keep this booklet  
as a handy reference  
for programs, policies,  
contacts and procedures  
at Goodwin Community Health

[www.GoodwinCH.org](http://www.GoodwinCH.org)

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## 40 Years and Still Growing!



*Janet Atkins*

Because of the recession and the number of job losses in Strafford County, Goodwin Community Health (GCH) has an increased demand for services for the uninsured residents of Strafford County. The Federal Government recognizes CHC's as a cost-effective system to deliver quality health care to all and is investing in CHC's across the nation. Through the American Recovery and Reinvestment Act (ARRA), GCH has received funds to support the increased demand for services. Capital funds will also be distributed to health centers across the nation for facility expansion, new buildings, and/or the purchase of equipment.

With these additional funding sources, we have the chance to reach one of our dreams... to provide a combined, respectful facility with adequate space, privacy, and room to continue to expand. These funds are a stimulus for GCH to raise additional funds in the community that will allow us to build a 27,000 square foot building to house all of our services, staff, and patients in one comprehensive, convenient location. With your support, we will attain our dream, and continue to provide the quality of service that we have become known for since 1969!

*Janet Atkins, Executive Director*

*"In the middle of every difficulty, lies opportunity." Albert Einstein*

### **GCH Mission Statement**

***To provide integrated, comprehensive, quality healthcare,  
serving all in our community,  
payment for which is based on ability to pay.***

## **Becoming a Patient**

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.

You will need to complete all Registration Forms including the Sliding Fee Application section which must be completed to receive a discount. Two items are required: *Family Size and Proof of household income for all Family Members.*

Proof of Income Examples:

- 4 current consecutive pay stubs
- Current tax return
- Unemployment check stubs
- Schedule C (profit or loss from business)

Types of Income Examples:

- |                 |                  |
|-----------------|------------------|
| Social Security | Retirement       |
| Wages           | Welfare Payments |
| Child Support   | Alimony          |
| Disability      | Others           |

Upon receiving proof of income, Patient Advocate staff will advise you of your discount. Payment is expected at time of visit.

## **Financial Policies and Procedures**

**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 Goodwin Community Health (GCH). 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 deposit at the time of visit. If the patient arrives for the appointment without the deposit, the appointment may need to be rescheduled. The sliding fees are determined by your income.

**Dental Self-Pay Patients:** All dental self-pay patients are required to pay at the time of visit. The patient will be informed of the estimated cost of their visit prior to the scheduled appointment time. The patient is required to pay for any additional costs incurred during the visit within 30 days, if not paid at the time of visit. If the patient arrives for his/her appointment without payment, it may need to be rescheduled. Also, all dental self-pay patients receiving services to include root canals, crowns and bridges and any prosthetics will be required to pay GCH'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. Contact the billing department to make these arrangements or any questions you might have.

## **Basic Information About Programs and Services**

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

**After Hours Care:** We have an after hours service for questions and concerns. Just call our agency number and follow the prompts to the after hours nurse. The nurse will take your call and advise you about your situation.

**Baby Steps Program:** An infant/child Developmental specialist is available 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 you pills will be ready for you to pick up or call into your pharmacy.

Pick-up Hours:

*Tuesdays between 1:30 and 4:00pm*

### **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 a Medicaid spend down, or Medicare Part A only.

**Chronic Disease Management:**

Our Chronic Disease Manager will help you with programs to learn to live with and manage your chronic illness, be it diabetes, asthma, or another.

**Commodity Supplement Food Program:**

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.

Phone: 332-4358

**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 GCH. We can not address the matter if we do not hear from you.

Call Donna Desmarais, Outreach Coordinator.

Phone: 994-6364.

**Dental Care:** Provided on site by our own dentist and hygienist to both children and adults.

**Handicap Accessibility:** The office of GCH is handicap accessible. If you require additional assistance, please call ahead to be met by a staff member who will assist you.

**Holistic Services:** Referrals available for Massage Therapy, Reiki and Grief Counseling services. Please contact Jessica Garlough at 516-2551 for more information.

**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.

**Prenatal Program:**

We provide complete pregnancy, delivery and follow-up care.

**Primary Health Care:** Regular checkups are scheduled with our staff physicians, physician assistants and nurse practitioners. Follow up care is scheduled as needed.

**Providers:** Currently we have both male and female MDs on staff. You may also choose to see a Nurse Practitioner, or Physicians Assistant. For same day care, you may have to see the available provider on duty.

**Routine Appointments:** Call the central scheduler to make an appointment. 516-2544

**Same Day/Urgent Care Appointments:** If you feel you have an urgent need to be seen, the triage nurse will evaluate your situation. You may be directed to the emergency room if your situation requires it.

**Social Workers:**

Social workers are on staff at GCH to assist patients.

**Specialist Referrals:** Made as needed by your primary care provider at GCH. Please be aware that services provided outside of the GCH facility are not billed at the GCH sliding scale rates 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 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 at the time services are provided. Please contact Jessica Garlough, Care Coordinator, at 516-2551 to find out more information or to see if you are eligible.

**TITLE X Family Planning:** Services through this program include:

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

**Transfer of Medical Records:** To transfer or get copies of your Medical Records, call the Medical Records extension.

Charging a fee for copies of medical records:

- A. If a patient is transferring care to another medical office, the record will be sent directly once at no charge.
- B. All other requests from patients, state agencies and lawyers will be charged \$.50 per 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:** GCH is located by a COAST bus route for convenient access.

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

*Tuesdays, 1:30pm to 4:00pm*

**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. You may be eligible for WIC if you currently receive TANF, food stamps, Medicaid, or Healthy Kids Gold. Proof of income, residency, and personal picture ID are required to enroll. Please call 332-4358 to enroll.

**Interpreters:** GCH is dedicated to providing service to a wide diversity of cultures. If you need translation assistance for your visit, please call ahead.

**Lab Work:**

Most lab work can be done on site at GCH. It may then be sent out for processing. Nordx, NENE Pathology, and Young Novis Pathology participate with us on sliding scale fees, but other processing labs may not. The cost of labs will be the patients responsibility, sliding fee scale may apply.

**Medicaid Application Assistance:**

Our Patient Advocates will assist you with applications for Medicaid for pregnant women and your children. This includes the Healthy Kids Gold and Silver programs.

**Medication Assistance Program:**

We offer several medication assistance programs to qualified GCH patients who cannot afford their medications: Federal 340B Program, Pharmaceutical Company programs, Referrals to \$4 and free antibiotics programs at local stores.

**Medication Refills:**

For medication samples or medication refills you receive through a pharmacy with a prescription call the medication refill line 72 hours before you run out.

## **Arriving Late Policy**

- i For a 15 minute appointment—if the patient is late by 5 or more minutes, they will be asked to reschedule for a different day.
- i For a 30 minute appointment—if the patient is late by 10 or more minutes, they will be asked to reschedule for a different day.
- i For a 45 minute or longer appointment—if the patient is late by 15 minutes or more minutes, they will be asked to reschedule for a different day.
- i 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 day or reschedule.
- i 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.
- i 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.
- i This policy is for all medical, prenatal and dental patients.

## **No Show Policy**

If you are unable to keep a scheduled appointment, GCH must be notified in advance to cancel that appointment. A no show is considered an appointment that is not cancelled at least 24 hours in advance of the scheduled appointment time or by 12pm EST on the Friday before an appointment scheduled on a Monday. This includes appointments which are scheduled for the same day or are less than 24 hours away.

After the first appointment is missed, you will receive a letter educating you on our policy. If you fail to keep the second consecutively scheduled appointment, you may no longer be able to schedule future appointments with GCH. You will need to call the day he/she would like an appointment and will be given an appointment based on need and availability. Keeping this appointment will return you to the status of scheduling appointments in advance.

## **Patient Rights and Responsibilities**

### **You have the right to:**

- i Receive considerate, respectful, and timely care at GCH.
- i Receive an explanation of your diagnosis, treatment, and prognosis in terms you can understand.
- i 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.
- i Expect that your personal privacy will be respected by all staff members at GCH.
- i 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.)
- i Know the names and positions of people involved in your care by official nametag or personal introduction.
- i Ask and receive an explanation of any charges made by GCH, even if they are covered by insurance.
- i Obtain another medical opinion prior to any procedure.

- i Review and receive a copy of any medical records created and maintained by GCH regarding your care and treatment.
- i Effective pain management and to be informed by staff about available measures.
- i Be made aware of advance directives, and to know how this organization will respond to such advance directives.
- i Care that takes into consideration your psychosocial, spiritual, and cultural values.

**You are responsible for:**

- i Providing accurate information about your past health history.
- i Asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis, or any instructions.
- i Recognizing the effect of your lifestyle on your personal health.
- i Providing the necessary information to complete your file and providing updates as information changes.
- i Any charges billed to you.
- i Following the rules and regulations posted with GCH and available in the Patient Handbook.

- i Providing your practitioner with at least 72 hours notice when you or your family are in need of medications or a prescription.
- i Arriving on time for your appointment.
- i Calling at least 24 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 enhance the well being of clients, by informing them of key aspects of the clinical relationship. As a client of a NH 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

- a. for clinical mental health counselors; the American Mental Health Counselors Association;
- b. and for marriage and family therapists;
- c. for clinical mental health counselors; the American Mental Health Counselors Association; and
- d. 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 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: abuse of a child, abuse of an incapacitated adult, Health Information Portability and Accountability Act (HIPPA) regulation compliance, certain rights you may have waived when con-

contracting for third party financial coverage, orders of the court and 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, 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 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 NH to provide mental health services.

- a. You have the right to obtain information about mental health practice in NH. 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 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.
- d. A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office and provide a copy upon request.
- e. 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 .

### **Confidentiality of Personal Health Information:**

Under NH law, communications between you and your licensed provider are privileged (confidential) and may not be disclosed without your specific authorization or the parent or legal guardian of the minor client, except under specific, limited circumstances. For example, patient information may be shared with others only with your written permission, through a court order, or when otherwise required by law to be disclosed. Records may also be subject to audit by regulatory authorities. We also may disclose your personal health information as minimally necessary for your treatment and to process payment for your treatment, such as to submit necessary information to insurance companies.

Among the exceptions to confidentiality are NH reporting laws, which require licensed providers to report to the appropriate authorities certain types of conduct. For example, any person who suspects a child or incapacitated adult has been abused, neglected or exploited must report to state authorities. Licensed providers are required to warn the police or likely victims of a client's "serious threat of physical violence" to a person or property. There are also other reporting laws.

Additionally, there are some situations where providers are permitted or required to disclose information without either your consent or authorization:

- i A court order: If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- i If a government agency is requesting the information for health oversight activities.
- i If a patient files a complaint or lawsuit, information may be provided for defense of the provider.

We may occasionally also find it helpful to consult other health and mental health professionals about your case to obtain an independent decision. During a consultation of this type, patient identity is not disclosed. The other professionals are also legally bound to keep the information confidential.

## **Federal Confidentiality Laws for Drug and Alcohol Treatment**

In addition to state laws and HIPAA regulations, confidentiality of alcohol and drug abuse records afford certain protections if you are treated by any provider who specializes in alcohol and drug problems at GCH. A provider of this type is considered a "program" and subject to these regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser *unless*:

- a. The patient consents in writing;
- b. The disclosure is allowed by a court order; or
- c. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Under the Federal Confidentiality Law, 42 CFR Part 2, a child who is twelve (12) years old or older has the same rights to confidentiality as an adult.

**Please ask your provider if you have any questions about this law.**

*(see 42 U.S.C. 290dd-3 and 42 U.S.C 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.*



## **Goodwin Community Health**

**311 Route 108  
Somersworth, NH 03878  
(603)332-4249**

**Monday 8:00am - 5:00pm  
Tuesday 8:00am - 7:00pm  
Wednesday 8:00am - 5:00pm  
Thursday 8:00am - 7:00pm  
Friday 8:00am - 5:00pm**  
Evening hours by appointment only.

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