

# *WELCOME*



## *Patient*

## *Information*



*(June 2011)*

Capital Park Family Health Center  
2365 Innis Road  
Columbus, OH 43224  
(614) 416-4325  
Fax: (614) 416-4320

Whitehall Family Health Center  
882 S. Hamilton Road  
Columbus, OH 43213  
(614) 235-5555  
Fax: (614) 367-0123

Heart of Ohio Family Health Centers (HOFHC) is committed to working with you to provide the best family medical care and service. This information is provided to assist you in becoming familiar with the health centers. When you need information, please refer to the index on page 3.

Visit our website at  
[www.heartofohiofamilyhealth.org](http://www.heartofohiofamilyhealth.org)



## **Welcome!**

Welcome to your new health center home! Thank you for choosing one of the most respected health care centers in Central Ohio. The staff at Heart of Ohio Family Health Centers (HOFHC) looks forward to working closely with you to manage your medical care.

## **Federally Qualified Health Center**

Everyone is welcome at Heart of Ohio Family Health Centers (HOFHC). As a Federally Qualified Health Center and not-for-profit provider of family medical care, HOFHC receives funding from federal, state, local and private sources. This funding helps to cover the cost of providing care and treatment. However, the funding received does not cover all of the expenses. HOFHC patients are responsible for paying a portion of the cost of care. HOFHC accepts most insurance plans and offers financial assistance programs for patients who do not have health insurance (uninsured/self-pay). Patient financial counseling is available to help you to meet your financial obligation for your medical care.

## **Mission Statement**

The mission at Heart of Ohio Family Health Centers is to provide high quality, warm, holistic, and sensitive care to meet the health care needs of our community, where we honor every person with loving service.



## Index of Information

Appointment Information	p 4-6
o Schedule/Cancel/Reschedule (p 4-5)	
o Confirmation/Reminder calls (p 4)	
o Late Arrival (p 5)	
o Missed appointment/No show (p 5)	
Contact / Location Information	p 7-8
o Hours of Operation (p 7)	
o Address, phone, fax (p 8)	
o After Hours Emergency Calls (p 8)	
o Emergency Closing (p 7)	
o Phone Menu Options (p 8)	
Financial Assistance (see Payment)	p 11-12
Forms Completion	p 10
Immunizations	p 10
Interpretation Services	p 4
Medical Record Request	p 10
Payment & Financial Assistance	p 11-12
Prescription Medication Refills	p 12
Privacy Practices (HIPAA) Rights & Responsibilities	p 13-15
Referrals	p 16
Test Results	p 17

## Appointments



**To schedule an appointment-** Call the main number of your health center and select option 5 on the menu to be connected directly to the call center for assistance. Your call will be answered in the order that it is received. If you get a recorded message and do not want to hold, press 6 to leave your name and call-back number. Calls will be returned as soon as possible, usually within an hour.

**Interpretation services-** If you are non-English speaking, please let us know if you need an interpreter for your appointment. There is no charge for interpretation services. If an interpreter is not available for the language needed, a telephone translation service may be used or the appointment may be rescheduled. American Sign Language requires 3 days advance notice to schedule.

**What to bring-** For each appointment bring your picture ID, insurance card, current address and phone number, your medications in the original bottles, and immunization records for children.

**Confirm your appointment-** Please call to confirm your appointment 2 to 3 days in advance of the appointment. If you have not confirmed, you will receive a reminder call 1 to 2 days before your appointment.



**Cancel your appointment-** Should you need to cancel, please call 24 hours in advance or as soon as possible. We will be happy to reschedule your appointment.

**Missed Appointment; “No show” for scheduled appointment-** Missed appointments deny other patients access to care. As a courtesy to other patients, please call in advance when you are unable to keep your scheduled appointment so the appointment time can be given to another patient who needs to be seen. Three no call/no show appointments may suspend your ability to schedule an appointment. More than four missed appointments without notice in a year may result in discharge from the practice.

### **Appointment Time:**



**Running late-** If you are going to be late for your appointment, please call ahead. Your appointment may be rescheduled for a later time if available.

**No one likes to wait-** Our goal is to see you at your scheduled appointment time. If there is a delay, be assured that you will be given the time and attention you need when you are seen for your appointment.

The clinical staff will let you know if there is a delay. Depending on the situation, you may arrange to leave and return at a specified time. If you are unable to wait, your visit will be rescheduled for the next available appointment.



**Call ahead to check arrival time-** You are welcome to call the health center before your appointment time to confirm your arrival time. If you are leaving work to keep your appointment, we recommend that you call ahead to confirm your arrival time to avoid extended time away from your job.

Please give us a call...



*Make  
appointment*



## Contact Us \* Locations \* Hours

**Hours of Operation-** The health centers are open 8:00am to 5:00pm. Calls are answered 8:15am to 12:00pm and 12:30pm to 4:45pm each day. The health centers are closed on selected holidays.



- **Emergency closing-** The health centers may close due to an emergency situation such as severe weather, loss of power, utility outage, etc. Patients will receive a phone call to reschedule appointments as soon as possible. If you have an appointment scheduled during a severe weather alert or power outage, call the health center to verify that the center is open.
- **Provider unavailable-** On occasion, your appointment may need to be rescheduled due to provider illness or a personal event. Generally, this occurs on short notice. You will be contacted as soon as possible. If available, an appointment for the same day with another provider will be offered to you.

**Keep contact information current-** So that we may contact you for changes in appointment schedules, emergency closings and to receive messages related to your medical care, please keep your phone number, address and E-mail current with HOFHC.

### **Address & Phone Numbers**



Capital Park Family Health Center 2365 Innis Road Columbus, OH 43224 <b>(614) 416-4325</b> * see menu options <b>Fax:</b> (614) 416-4320	Whitehall Family Health Center- 882 S. Hamilton Road Columbus, OH 43213 <b>(614) 235-5555</b> * see menu options <b>Fax:</b> (614) 367-0123
--	---

**\*Phone menu options-**

- **Emergency assistance-** hang up and dial 911
- **Language:** English press 3, Spanish press 4, Somali press 5
- Press 3 Pregnant (OB Whitehall)
- Press 4 Nurse Line (Family Practice) When you reach the nurse line voicemail, please speak clearly. Leave your name, call back number, date of birth and the reason for your call. The nurse checks messages several times throughout the day. Calls will be returned within 24 hours whenever possible. Calls received after 4pm will be answered the morning of the next business day
- Press 5 Appointments and all other calls
- Press 6 If you are placed on hold, when you hear the recorded message, press 6 to leave your name and call-back number; calls will be returned as soon as possible, usually within one hour
- Press 7 Fax number, address
- Press 9 Repeat menu options

**After hours call service-** For emergency calls only (anything that cannot wait until scheduled business hours) leave a message with the answering service, who will contact the physician on-call. Be advised that no medications will be refilled after hours.

**Doctor/Provider Visit**





To make the most of your visit with your provider (doctor, nurse practitioner, nurse midwife, pharmacist) come prepared for your appointment.

- **Medications-** To help your provider manage your medications, bring all of your medications with you to each appointment in the prescription bottles you receive from the pharmacy. Prescription refills will be written at appointments only and not provided by phone request or filled by fax from a pharmacy.
- **Immunizations-** Bring each child's immunization record to every appointment.
- **Questions & concerns-** Have your questions and concerns ready to discuss with your provider. After a review of your concerns, your provider will determine the priority medical issues for the visit. Another appointment may be required to address additional concerns and continue follow-up care.





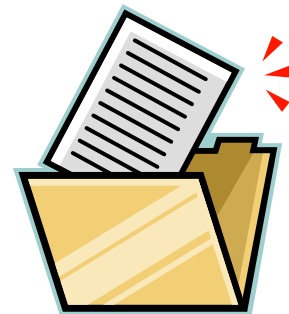
## Immunizations

HOFHC provides all childhood and adolescent immunizations. A limited number of adult vaccines are available such as flu, tetanus and pneumococcal pneumonia vaccine. The clinical staff can provide you with immunization requirements and schedules. Please bring children's immunization records to each appointment.



## Medical Record & Form Completion Request

**Medical records** will be transferred to another provider at your written request. At the provider's office, sign a consent for release of records and give the office our fax number (CP- 614-461-4320, WH- 614-367-0123). When the consent is received, your records will be faxed to the named provider as soon as possible, usually within 30 days of the request.



**Third party forms** (such as disability, utility assistance, FMLA, etc.) take time to complete. Please contact the health center as soon as you receive the forms to make arrangements. A medical appointment may be required for your provider to complete the form with current, accurate information.

## Payment & Financial Assistance



Each patient must meet his/her financial responsibility for HOFHC to continue to provide medical care.



***Payment is due at time of service-*** Please be prepared to make pay for services at the time of the appointment when the service is provided. HOFHC accepts cash, credit/debit card and personal checks.

***Financial assistance plans-*** HOFHC offers payment plans and financial assistance programs for uninsured/self-pay patients who qualify. Ask at the reception desk for an application for financial assistance.

***Medicaid enrollment-*** Please ask at the reception desk for Medicaid application information.

***Failure to submit information as requested-*** All requested documentation must be submitted to HOFHC within 48 business hours of the request. Failure to provide information within 48 hours may result in you (the patient) being responsible for 100% of the cost of the care.

***Patient financial responsibility-*** Patients are required to make payment according to their insurance policy and financial assistance program agreement. Failure to meet your responsibility for payment may result in being suspended and/or delay of services from HOFHC.



## Prescription Medication Refill/Request

### **Prescription refills-**

- o Bring all of your medications with you to each appointment in the pharmacy bottles with the prescription label.
- o Ask for prescription refills at the time of your appointment.
- o Call for an appointment when you receive the last refill from your pharmacy.



**Medication requests-** For your health and proper medical management, your provider will not prescribe medication without examining you. Prescriptions will not be given or refilled over the phone or by fax.

*Last refill?*



*please make an appointment to see your doctor-provider*



## Privacy Practices (HIPAA)

HOFHC understands that your information is highly personal and is committed to safeguarding your health information. By law, Health Insurance Portability and Accountability Act (HIPAA), the health center is required to maintain the privacy of each patient's identifiable health information, referred to as Protected Health Information (PHI). HOFHC will only disclose your PHI as permitted or required by state or federal law. A copy of the *HOFHC Notice of Privacy Practices* is available in the lobby waiting area. A copy will be offered to you at the time of check-in for your appointment. You may request a copy of the *HOFHC Notice of Privacy Practices* at any time.

## Rights & Responsibilities

***Heart of Ohio Family Health Centers Patient Rights-*** HOFHC will respect each patient, protect the rights of each patient, and maintain the confidentiality of each patient's care and treatment. The following is a list of your rights as a patient of HOFHC:

1. You have the right to take an active role in your health improvement.
2. You have the right to be treated respectfully while receiving medical services without regard to race, creed, sex, language, or sources of payment for service.
3. You have the right to privacy within the law.



4. You have the right to openly discuss with your provider your concerns and your personal medical history.
5. You have the right to receive understandable information so you can make informed decisions about your health care.
6. You have the right to understand the reason why your provider requests additional treatment or particular medications.
7. You have the right to submit a formal grievance and discuss with HOFHC management staff any concerns related to care, treatment, services, and patient safety.
8. You have the right to give written authority to a trusted person to oversee your rights as a patient.

***Heart of Ohio Family Health Centers Patient Responsibilities-***

While you are a patient at Heart of Ohio Family Health Centers, you accept responsibility for your participation in your health improvement. As such, the following illustrates the role and behavior you are expected to uphold:

1. Smoking is not permitted on HOFHC's property.
2. Weapons of any kind are not permitted on HOFHC's property.
3. Children cannot be left unattended in the lobby or in the exam rooms.



4. At each appointment, you are responsible for confirming your current contact information (address, phone number, E-mail).
5. At each appointment, you are responsible for updating your insurance information, change of employer or employment, and change to your household income or household population.
6. You are responsible for payment at the time of the appointment. The minimum co-pay cannot be deferred for later payment.
7. You are responsible for abiding by the agreements you sign; e.g. pain management agreement, payment agreements.
8. You are responsible for working in partnership with your provider and health center staff in a respectful and honest manner. Demanding, aggressive behavior will result in suspension of service.

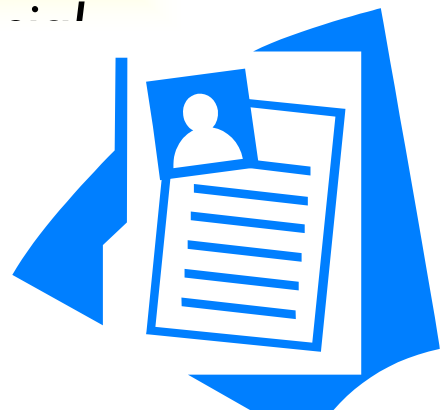


## Core Values:

Respect  
Compassion  
Excellence

## Referrals

Case workers are available to assist in scheduling a referral appointment when





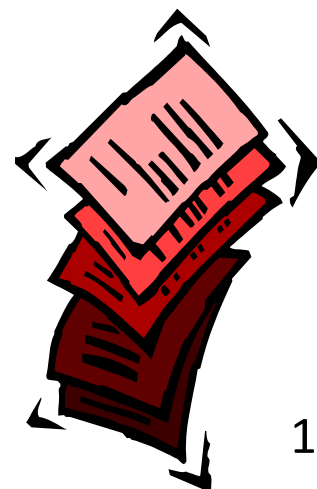
ordered by your provider (such as physical therapy, x-ray, ultrasound, specialist, surgery). The case worker may give you information to schedule your referral appointment yourself or he/she will arrange the appointment and contact you with the appointment information.

Routine referrals generally take 4 weeks to schedule the appointment. Urgent referrals will be scheduled as soon as possible. The case worker will call you with the appointment information when the referral is scheduled. Please make sure that the case worker has your current phone number, address and insurance information to schedule your referral.

If you are unable to keep the referral appointment, please call the health provider that is expecting you for the appointment (doctor, hospital, imaging center, etc.) to cancel and reschedule the appointment.

## **Test Results**

HOFHC nursing staff and providers review test results on a daily basis. You will receive a call after your provider has reviewed the results of your test or procedure. If you are not reached directly, a message will be left on your answering machine or voicemail (if you





have given permission to leave a message). If you receive a message to return a call about your test results, please return the call to the nurse as soon as possible (Capital Park 614-416-4325, option 4; Whitehall 614-235-5555, option 4).

## **How can we help?**

Please let us know if you have a special need where we may be of assistance. All of us at HOFHC look forward to working with you to provide access to the best family medical care.



*In the community For the  
Community*