

Hi There!

Thank you for visiting us today at Chelmsford Primary Care.

Whether this is your very first appointment, or have been a long-time patient, we are honored that you have selected us as your health care provider. Our goal is to provide the highest quality care for all our patients, in a timely and respectful manner.

We have included information regarding our office, and hope it provides some insight into our practice. Please take a moment to review these documents and let us know if you have any additional questions or concerns.

Thank you from all of us here at Chelmsford Primary Care!

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**Appointments:**

We will do our best to provide you with convenient appointments for annual exams or other medical follow-ups, in addition to same-day office visits for urgent needs. Certain appointments can even be booked directly through the patient portal.

We understand that an appointment sometimes needs to be changed, so we ask that you call 24 hours in advance if you cannot keep your scheduled appointment. A \$35.00 Missed Appointment fee may be applied to your account if cancelled outside the 24-hour notice.

**What to bring to each visit:**

- \*Photo ID Card
- \*Medical Insurance/Prescription Card
- \*List of current medications/prescriptions

We try our best to be sure your record is as up to date as possible. With this in mind, do not hesitate to let our staff know if you have had any information changed since your last visit.

**Office Hours:**

We are here in the office  
Monday-Wednesday from 8am to 6pm &  
Thursday and Fridays from 8am to 5pm.

**LGH Lab Hours: Closed Daily from 12:30pm-1:30pm**

Monday-Thursday from 8am-5pm  
Fridays from 8am to 3:00pm

**After Hours Concerns:**

Providing the highest quality of professional care to our patients is very important to us. Our daily office hours vary, but you can take comfort in knowing that there will always be a doctor on call for urgent matters.

To reach the doctor after-hours, simply dial the office at 978-256-5522 and follow the prompts for the On-Call Doctor.

**What If my call is not quite an emergency?**

Remember that you can always contact the office through the patient portal for non-urgent matters. From request for refills or referrals to just sending the doctor a quick FYI, the portal is available at your convenience! Haven't signed up for the Patient Portal? Give us a call or let us know during your next visit, and we can take care of this for you!

**Affiliation/Referral Network:**

Our office is affiliated with Lowell General Hospital. From Labs to Diagnostics and even specialty referrals, we utilize LGH's outpatient services and affiliated specialists for the needs of our patients. Our electronic medical record allows us to receive patient results quickly and efficiently through our direct link with LGH's services; and our close relationship with the Referral Circle Specialists offers better communication and management of our patient's medical care and treatment.

*Chelmsford Primary Care Contact Listing:*

***Front Office: Check-in/Registration***

*Linda G: Ext 104*

*Peggy: Ext 118*

***Front Office: Specialists/Diagnostic Appointment Coordinators***

*Tammy: Ext 102*

*Christine: Ext 108*

***Back Office:***

*Jennifer: Prescriptions: Ext 142*

*Trevor: Referrals: Ext 106*

***Billing Concerns:***

*Nicole: Ext 140*

***Clinical Concerns:***

*Wendy: Ext 120*

***Medical Assistants / Provider Secretaries:***

<i>Karen: Ext 114</i> <i>Medical Assistant for Dr. Gonzalez</i>	<i>Tiffany: Ext 126</i> <i>Medical Assistant for Dr. Reddy</i>
<i>Rocio: Ext 100</i> <i>Medical Assistant for Breana Kelly, NP</i>	<i>Linda S: Ext 116</i> <i>Medical Assistant for Dr. Sun &amp;</i> <i>Medical Assistant for Anna Murphy, NP</i>

# Chelmsford Primary Care

## Patient Portal Reference

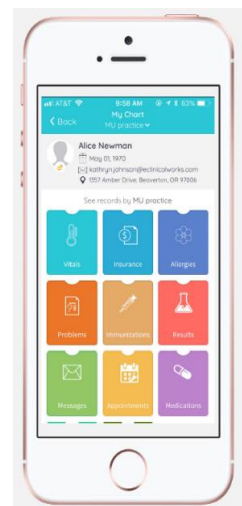
**Did you know that you can save time by accessing your health information online through the Patient Portal?**



The Patient Portal is secure and can be accessed from any computer with an Internet connection or by using the Healow Smartphone App

### **Using the Portal/Healow App you can:**

- Ask your provider a non-urgent medical question and receive a response in Messages
- Request Medication Refills



**Want to sign up? Talk to our staff at the Front Desk. They can help you get registered.**

The Patient Portal is not intended for use in emergencies. If you require urgent or immediate medical care, call 911.

# Chelmsford Primary Care

# Patient Financial Responsibility Policy

Thank you for choosing Chelmsford Primary Care to serve the health care needs for you and your family.

We are pleased to participate in your health care and look forward to establishing a lasting relationship as your healthcare provider. As part of this relationship, we have outlined our guidelines for finances in our Patient Financial Responsibility Policy. Please read this document thoroughly.

## Insurance

### • ***You must present a current insurance card at each visit.***

- Most insurance companies require office visits to be submitted as early as 90 days and it is the patient's responsibility to be sure all the insurance information on file is up to date. Failure to have accurate information may result in claim denials.
- If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of-pocket fees and coverage limits.
- **It is important for you to be an informed consumer, who understands the specifications of your insurance policy. Your health insurance policy is a contract between you and your Health Insurance Company or employer. We cannot control the cost of deductibles or copays.**

## Co-payments, Co-Insurance and Deductibles

Co-payments are collected at the time of check-in. We accept cash, check and most major credit cards.

- **What is a co-pay?** Your co-pay is a fixed amount set by your insurance carrier which you are required to pay at the time of services. The co-pay is separate from any co-insurance and/or deductible payments.
- **What is co-insurance?** Co-insurance is a percentage your insurance carrier will cover for your procedures.
- **What is a deductible?** Your deductible is the amount of money you must pay before the insurance company's coverage begins.

## Billing

- If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed out on a monthly basis. Payment is expected within 30 days of receipt of your statement.
- Payment Plans are always available for accounts not submitted to collections, please contact the billing office for more information.

## Failure to Pay

- Patients are sent two (2) statements from our office. After these two statements, accounts are submitted to Transworld, an outside collection support.
- If Transworld is unable to collect the past due balances, your account will be transferred to Collections and you may be dismissed from the practice.

## Non-Emergency Appointments

- Outstanding balances or failure to pay co-payments upon check-in may result in physicals and other routine or screening appointments being rescheduled.

## Refunds

- In the event an overpayment is made on your account, this will result in a patient credit. These credits will first be applied to any past due balances. Any remaining credit will be kept on your account and then applied to future visits, unless you specify that you would like the credit to be refunded to you. At that point, your account will be reviewed for accuracy and a check will be mailed.

## Fees

- Returned checks are subject to a \$25 fee and your account will be placed on a "cash/credit-only basis."
- Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment may result in charge of \$35.00.

## Self-Pay Patients

- Established patients may be seen as **Self-Pay**. We ask our patients to be prepared to have the initial payment of \$150.00 available at the time of check-in with the understanding that balances beyond \$150.00 will then be billed to you. Please understand that additional fees will be incurred if labs/immunizations are completed during the visit.

### Routine Annual Physical Exam

Insurance companies offer many different plans. Most plans now allow your preventative office visit covered at 100%. ***A Preventative visit is limited to an evaluation of the body and its' functions using inspection, palpation (feeling with the hands), percussion (tapping with the fingers), and auscultation (listening). It does NOT include the management of existing conditions, diagnosis of new conditions, prescription management, or extensive counseling by the practitioner.***

When a patient has an appointment for a physical exam and also has an acute, chronic or new condition that is managed, such as hypertension, hyperlipidemia, diabetes, GERD, sore throat, back pain, UTI, medication change, and/or many others, the provider must submit all items captured during the office visit. Items considered non-routine, or that are outside of "Preventative Care" may require additional coding.

Once your complete visit is reviewed, your insurance company will determine what services are covered under your policy and will notify us what they have deemed to be your financial responsibility. For some people this may result in a patient cost for the visit, EVEN though the evaluation was done at the same time as their annual physical.

### Laboratory Coding in connection with a Routine Annual Exam

Lab tests ordered at an annual preventive health visit are not all automatically eligible for coverage at the 100%, no-cost-share Affordable Care Act preventive benefit. Additional tests ordered because of problems existing prior to this visit, abnormalities, or new problems encountered during the preventive visit are to be billed with the diagnosis code to describe the problem or reason the test was ordered, not the diagnosis code for the preventive visit. These additional tests are considered **Medical**, not Preventive.

Insurance plans will have different benefit levels and cost-sharing responsibilities for Preventive Services versus Medical Services. Sometimes, the exact same test or procedure can be covered by a member's plan in two or more different ways, depending upon why it is being done. Although member plans do vary, medical services generally apply to the member's deductible and generally have copays and/or coinsurance.

When billing for laboratory tests, providers need to follow the ICD-10 rules, Medicare, and other Insurance Payer regulations.

From ICD-10:

(ICD-10 stands for the International Classification of Diseases, Tenth Revision, Clinical Modification. It is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States)

***Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease (e.g., screening mammogram).***

Notice that the guidelines say a screening is a test performed on a patient who is well for the purpose of the early detection. A patient who has already been diagnosed with a condition cannot be screened for that condition.

A patient with high cholesterol on her problem list whose lipids are monitored is not being screened. She is receiving a test to monitor an existing condition. It would be **incorrect** to use the diagnosis code of **screening** when the patient has the previously diagnosed condition.

# Chelmsford Primary Care

## Preventative Visit / Preventative Lab Billing Guide

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Preventive	<p><i>Preventive</i>, in insurance terms, is synonymous with <i>routine</i> or <i>screening</i>. <i>Preventive</i> service(s) are provided to help the patient avoid becoming sick in the first place. <i>Preventive</i> tests and services are performed when the member has no signs or symptoms, no indications that they are not healthy. <i>Preventive</i> Care includes early diagnosis of disease, discovery and identification of people at risk of development of specific problems, counseling, and other necessary intervention to avert a health problem. Screening tests, health education, and immunization programs are common examples of preventive care.</p>
Screening	<p><i>Screening</i> is the testing for disease or disease precursors <i>in seemingly well individuals</i> so that early detection and treatment can be provided for those who test positive for the disease. Tests or procedures performed for a patient who does not have symptoms, abnormal findings, or any past history of the disease; used to detect an undiagnosed disease so that medical treatment can begin.</p>
Routine	<p>Routine services are those things that doctors recommend to ordinary people, who are healthy as far as they know, in order to screen them for things that may not be causing symptoms yet. There are no known health problems, symptoms, chronic conditions, or injuries. Synonyms: Preventive, Screening</p>
Routine Monitoring	<p>Routine monitoring of an existing health condition (such as diabetes or high cholesterol) is <b>not</b> a routine preventive service. In this case, the word “routine” does not refer to the health insurance benefit category, but rather it means that the testing or care is considered a medical standard of care for the patient’s known problem or condition. Anytime a known condition or problem exists, the testing and care for that condition is never considered preventive; instead it is covered under the benefit category for that condition.</p>
Medical	<p><i>Medical</i> services are those which are recommended by a doctor in order to diagnose symptoms, or treat or monitor a known medical condition, health problem, or disease such as Diabetes, Hypertension, etc. If it's testing/bloodwork that's being done, it might also be called <i>diagnostic</i>.</p>
Diagnostic	<p>The member is having symptoms or health problems. Tests and/or procedures are ordered to assist in determining the cause of the symptoms or health problems. Diagnostic tests are considered under the <b>Medical</b> benefit category. They are never considered Preventive Care. A problem already exists. Diagnostic services are performed “to obtain information to aid in the assessment of a medical condition or the identification of a disease...to determine the nature and severity of an ailment or injury.”</p>

# Chelmsford Primary Care

## Referral Policy and Guidelines

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Thank you for choosing Chelmsford Primary Care to serve the health care needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we have outlined our referral policy and guidelines. Please read this document thoroughly.

### Where will I be referred for services and specialties?

Our primary care physicians have selected a preferred group of specialists, typically within the Lowell General Hospital or a limited group of outside offices that they trust to provide you with high quality care. Your primary care physician works with this trusted group of specialists to coordinate your care. Coordinating your care in this way ensures that all of your medications, labs, other test results and clinical notes are included in your record and easily seen by any of your treating physicians. This integrated approach has been proven important to overall care.

**Note that all of the specialists in your health plan's network are MAY NOT be included in Chelmsford Primary Care's referral circle.** Therefore, just because the specialist is contracted with your insurance, does not necessarily mean that you may be referred there. Please communicate with your primary care doctor regarding referrals to access the best care for your particular medical issue and to avoid the possibility that you may have to pay out of pocket for the specialty services.

### May I request a referral from my primary care physician after I have seen a specialist?

Referrals should be requested prior to a visit with a specialist. If you see a specialist without the referral required by your health plan, it is likely that you will be responsible for the entire bill (not just a co-payment or deductible).

### What if I am referred to a specialist when I am at the emergency room or in the hospital?

You should call our office for a referral before seeing any specialist who is recommended by the emergency room and before following up with a specialist who you have seen at the hospital. This will best facilitate any follow-up care that is needed, as well as ensuring that the visits meet the requirements of your health plan. Remember our physicians are on call after hours, should you have an urgent concern.

### How do I request a referral for non-emergency care?

1. Contact our office and set up an appointment with your PCP to discuss your need for a referral. Based on your medical history and symptoms, your PCP will determine the right specialist for you to see. Even if your health plan does not require a formal referral, we suggest that you call your primary care provider to help you determine the best specialist for your care.
2. Schedule the appointment with the specialist recommended.
3. Contact the referral coordinator @ 978-256-5522 with the following information: Name of Specialist, Appointment date, Reason for visit, along with your name and date of birth.

\*\*\*Please note that referrals requests should be made with at least 3 day notice. Not all insurance companies allow referrals to be backdated-Should you see a specialist without a proper referral in place, you may be liable for this visit. Always contact our office prior to any specialty visits to make sure a current and active referral has been issued for your visit. \*\*\*

### How does my health plan (insurance) affect my referrals?

The rules established by the health plans for referrals vary widely by insurance company and product, so you will have to contact the member services department at your health plan to understand what they require before they will pay for that test or specialist.

It is a good idea to understand the options and any restrictions that are offered by the health plan at the time when you are enrolling in the plan. For certain products, such as HMOs, your primary care physician will make the selection of specialists for you, working with you to understand your needs. If you choose to see providers outside of approved referrals, you may end up with responsibility for the entire bill (not just a co-pay or deductible). Other products (e.g., PPO, POS) may allow you to pay additional costs to see a specialist that your physician did not select.

# Chelmsford Primary Care

## Referral Policy and Guidelines

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### **What if I want to see a different specialist? Or already have a different specialist who does not participate in the Lowell General Hospital Organization?**

Questions about specialists should be discussed with your primary care physician. Typically our physicians here at Chelmsford Primary Care refer within our established relationships within the Lowell General Referral Circle. We do this to provide you with the most complete and coordinated care. The need for a different opinion is best explored with your physician in a discussion about your individual needs and concerns. You may also be limited in your options by the restrictions of your health plan.

The exception to this is your choice of an obstetrician. By law in Massachusetts, women do not need a referral to select an obstetrician.

### **Where can I get information about who may be in the LGH referral circle?**

You may contact our office at any time for information on specialists we work with. You may also utilize the LGH PHO website for a directory of providers within our referral circle.

<http://www.lowellgeneralpho.org/>

### **Who do I call if I have a question about a referral?**

If you have a medical question about a referral, please contact our referral coordinator at 978-256-5522.

If you are requesting information about whether a referral is covered by your health plan, please call the member services department at the phone number on your health insurance card.



**Chelmsford Primary Care**  
**MISSED APPOINTMENT POLICY**

Our practice will do our very best to accommodate all our patient appointment requests.

In order to eliminate valuable unused appointment times, we require a minimum of a 24-hour notice to cancel or reschedule any appointment so that we can offer that time slot to another patient.

*Appointments not cancelled with 24-hr notice may result in a \$35 Missed Appointment Fee.*

*Excessive cancelling/rescheduling appointments without a 24-hr notice  
will result in possible dismissal from the practice.*

## **Reasons you should go to your PCP Appointment**

- 1. Seeing your provider regularly can help identify and manage chronic diseases, like diabetes, heart disease, or asthma**
- 2. Establish a strong relationship with your provider and care team**  
When you have a strong relationship with your provider and care team, communication improves, your care team knows more about your medical history, and they can better treat your medical needs
- 3. Early Detection**  
Your provider will order age-appropriate screenings, like mammograms and colonoscopies that can identify diseases that are more effectively treated when diagnosed early
- 4. Disease Prevention**  
Your provider can identify the signs and symptoms that may lead to chronic disease, like high blood pressure or weight gain, and can help you make changes to your diet or lifestyle that can delay the onset of disease
- 5. If you cancel or no show, you may have to wait several days or weeks to get a new appointment**  
Many provider's schedules fill up a few weeks in advance, making it difficult to reschedule a cancelled or missed appointment

# **Chelmsford Primary Care**

## **HEALTH INFORMATION EXCHANGE**

### **Quick Reference Guide**

#### **What is the Health Information Exchange (HIE)?**

The health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

#### **CONSENT TO HEALTH INFORMATION EXCHANGE:**

Chelmsford Primary Care participates in Health Information Exchanges (HIE) which are secure computer networks that allow participating health care and insurance providers nationwide to access information about you so that each provider has a complete picture of your health.

Patient participation is intended to enhance coordination of care among multiple providers and may avoid the need for you to undergo duplicate tests. The information that may be provided to an information exchange includes both your medical and demographic information.

By my signature below, I hereby confirm that I have been provided written information about the Health Information Exchanges and any questions have been answered to my satisfaction. I understand that I may change my mind about participating in the network at any time by contacting Chelmsford Primary Care. I understand that I have the right to request and receive an accounting of disclosures of access to my Information through the HIE at any time. I understand that Chelmsford Primary Care will not condition treatment, payment, enrollment or eligibility for benefits based on my decision to participate in this network.

Your Consent will be captured as part of the registration paperwork under office acknowledgements. **You may opt-in or opt-out at any time. Please speak with the front office if you have any additional questions.**

**Chelmsford Primary Care, LLC**  
**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 THIS NOTICE CAREFULLY.**

**Chelmsford Primary Care** may record, transmit, or maintain, either on paper or electronically, personal information about you, your medical history and your healthcare treatment as part of providing you with healthcare services or in connection with a health fair or other screening.

This Notice of Privacy Practices ("Notice") describes how we may use and disclose such information, our obligations regarding the use and disclosure of your medical information, and your rights with respect to the use and disclosure of your medical information. This Notice is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**OVERVIEW**

We are legally required to protect the privacy of information that identifies you or could be used to identify you, and relates to your past, present or future physical or mental health condition(s) or the provision of past, present, or future healthcare services (including payment for those services). This information is called "protected health information" or "PHI" for short.

We are legally required to follow the privacy practices that are described in this Notice. We reserve the right to change our privacy policies and the terms of this Notice at any time. Before any important policy change goes into effect, we will change this Notice.

We will post a copy of this Notice in all our registration areas for public viewing and on our website at [www.chelmsfordprimarycare.com](http://www.chelmsfordprimarycare.com). You may also request a copy of this Notice at any time by contacting **the Office Manager** at **978-256-5522**.

**USE AND DISCLOSURE OF YOUR PHI BY Chelmsford Primary Care**

**Chelmsford Primary Care** may use or disclose your PHI to carry out its responsibilities as a healthcare provider. **Chelmsford Primary Care** may use or disclose your PHI without your written authorization for the following reasons:

- **Treatment.** **Chelmsford Primary Care** may disclose PHI to physicians, nurses, technicians, hospitals, medical students or other personnel who are involved with the administration of your care at **Chelmsford Primary Care** or other locations.
- **Payment.** We may use and disclose PHI so that payment for the treatment and services you receive at **Chelmsford Primary Care** or from other entities, such as an ambulance company, may be billed to and collected from you, or an insurance company or third party. We may also need to disclose this information to insurance companies to establish insurance eligibility benefits for you.
- **Healthcare Operations.** "Healthcare operations" at **Chelmsford Primary Care** include activities related to improving quality of care, staff training, medical education, and business management.
- **Appointment Reminders, Information about Healthcare Related Benefits and Treatment Alternatives.** We may use and disclose medical information to contact you as a reminder that you have an appointment for a treatment or medical care at **Chelmsford Primary Care** or to inform you of treatment alternatives or other healthcare services or benefits that we offer.
- **Fundraising Activities.** We may contact you regarding our fundraising activities related to **Lowell General Hospital**. If you do not wish to be contacted for our fundraising efforts, please notify us in writing to the address or email address provided below. You may opt out of receiving communications regarding our fundraising activities at any time.
- **As Required By Law.** We will disclose PHI when required to do so by federal or state law, including in response to a court or administrative order, subpoena, discovery request, warrant, summons or other lawful process. **Chelmsford Primary Care** may also disclose PHI to law enforcement personnel or similar persons to avoid a serious threat to the health or safety of a person or the public.

In addition, **Chelmsford Primary Care** may use your PHI without your written authorization under the following circumstances:

- Emergency situations when your authorization cannot be reasonably obtained, including for disaster relief purposes;
- To business associates (outside vendors or consultants that perform services on behalf of **Chelmsford Primary Care** and are contractually required to appropriately safeguard your information);
- To other healthcare facilities where **Chelmsford Primary Care** physicians and healthcare professionals have privileges or to physicians from other healthcare facilities who see patients at **Chelmsford Primary Care**,
- With your agreement, to a family member, relative, close personal friend, or any other person you identify;
- To facilitate organ or tissue donation if you are an organ donor;
- In connection with workers' compensation claims;
- To report abuse, neglect, or domestic violence as required by state or federal law;
- For public health and health oversight activities, such as preventing or controlling disease or investigations; or
- To coroners, medical examiners, or funeral directors as necessary to carry out their duties.

Certain actions, such as most uses of disclosures of psychotherapy notes, the use and disclosure of PHI for marketing purposes, and disclosures that constitute a sale of PHI, will be made only with your written permission (authorization). Other uses or disclosures of PHI that are not covered by this Notice or applicable laws also will be made only with your written permission.

Massachusetts provides special privacy protections for particularly sensitive conditions or illnesses such as HIV/AIDS, mental health, and substance abuse. **Chelmsford Primary Care** will disclose such information only in a manner that is consistent with these laws.

You may revoke your permission at any time by writing to the **Office Manager** at the address or email address below. Once you revoke your permission, we will stop using or disclosing such information for the reasons covered by your written authorization. However, we cannot take back any disclosures made with your permission. We will retain our records of the care provided to you as required by law.

### **YOUR RIGHTS REGARDING YOUR PHI**

Although your medical information is the property of **Chelmsford Primary Care**, you have certain rights regarding your PHI, including the right to:

- **Inspect and Copy.** With certain exceptions, you have the right to inspect or receive a copy of your medical information or both. We may charge a fee for these services. We may deny your request in certain limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by **Chelmsford Primary Care** will review your request and our denial.
- **Request an Amendment.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend information that is kept by or for **Chelmsford Primary Care**. We may deny your request if you ask us to amend information that (a) was not created by **Chelmsford Primary Care**; (b) is not part of the medical information kept by or for **Chelmsford Primary Care**; (c) is not medical information you are permitted to inspect or copy; or (d) is accurate and complete in the record.
- **Request an Accounting of Disclosures.** You may request a list of the disclosures we have made of PHI that were for purposes other than treatment, payment, healthcare operations and certain other purposes, or disclosures made with your written authorization within the last six (6) years. You may be charged a fee in connection with this request.
- **Restrict or Limit Use or Disclosure.** You may ask us to restrict or limit the use or disclosure of your PHI, including the disclosure of information to someone who is involved in your care or the payment for your care, like a family member or friend. Your request must state: (1) what information you want to limit; (2) whether you want to limit **Chelmsford Primary Care** use, disclosure or both; and (3) to whom the limits apply, for example, disclosures to your spouse. We are not required to agree to your request, unless it relates to an item or service you paid for in full and out of pocket. In this case, you may request that we not share health information pertaining only to that product or service with your health plan for the purposes of carrying out payment or healthcare operations and we will comply with your request unless the information is needed to provide you emergency treatment or except as required by law.
- **Confidential Communications.** Generally, we will use the address, telephone number and, in some cases, the email address you give us to contact you. You may ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Notification in the Event of a Breach.** Consistent with federal and state laws, we will notify you in the event unsecured PHI is used or disclosed by an unauthorized individual.

All requests must be submitted in writing to the address below. Your request must be specific and be signed by you or an authorized representative.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint by writing to the address below or by calling the **Chelmsford Primary Care** compliance hotline at **978-256-5522** and **requesting to speak with the Office Manager**. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. or through the regional office at J.F.K. Federal Building – Room 1874, Boston, MA 02203. The complaint must be filed within 180 days of the alleged violation. There will be no retaliation for filing a complaint.

### **CONTACT INFORMATION**

If you have questions, would like to submit a written request, or need further assistance regarding this policy, please contact **Office Manager** at **Chelmsford Primary Care 2 Meeting House Rd Chelmsford, MA 01824 978-256-5522**.

### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective **September 23, 2013**

<b>Patient Name:</b>		<b>Date of Birth:</b>	
<b>Marital Status:</b>		<b>Preferred Language:</b>	
<b>Mailing Address:</b>			
<b>Primary Insurance Name:</b>			
<b>Secondary Insurance Name:</b>			
<b>Home Phone Number:</b>		Ok to leave a message? ____ <input type="checkbox"/> Brief <input type="checkbox"/> Extended	
<b>Cell Phone Number:</b>		Ok to leave a message? ____ <input type="checkbox"/> Brief <input type="checkbox"/> Extended	
<b>Email Address:</b>			
Email addresses are used to enable our patients to our Patient Portal. From there you can view test results, requests refills, request referrals and much more. If you haven't already, please sign up today.			
<b>In Case of Emergency:</b>		<b>Phone #:</b>	<b>Relationship:</b>
<b>Your local pharmacy: Name &amp; Address:</b>			
<b>Mail away pharmacy:</b>			
<b>Optional: Race:</b>		<b>Optional: Ethnic Origin:</b>	

- I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS MEDICAL CLAIM FOR SERVICES PROVIDED BY THE PHYSICIAN.
- I ALSO AUTHORIZE PAYMENT OF MEDICAL BENEFITS DIRECTLY TO THE PHYSICIAN FOR SERVICES PROVIDED.
- I AGREE THAT CHELMSFORD PRIMARY CARE CAN REQUEST AND USE MY PRESCRIPTION MEDICATION HISTORY FROM OTHER HEALTHCARE PROVIDERS AND/OR PHARMACY NETWORKS FOR TREATMENT PURPOSES.
- I AUTHORIZE THE SHARING OF MY MEDICAL RECORDS WITH MY OTHER PROVIDERS THROUGH THE HEALTH INFORMATION EXCHANGE (HIE). I UNDERSTAND THAT DETAILED INFORMATION REGARDING HIE IS AVAILABLE UPON MY REQUEST, AND I MAY OPT-OUT AT ANY TIME.
- I UNDERSTAND THAT THERE MAY BE A \$35.00 CHARGE FOR APPOINTMENTS NOT CANCELLED OR RESCHEDULED WITH 24-HOUR NOTICE.

Additional copies available upon request; Please speak with the front office for details.

- Sign Name: \_\_\_\_\_