



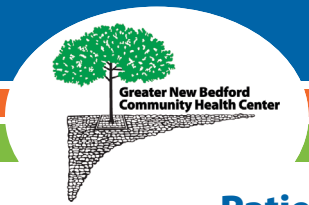
Your Rights as Our Patient

# Patient Information and Notice of Privacy Practices

## Patient Rights

*As a patient of this health care center, you have the right to:*

1. Choose your doctor or nurse
2. Get a bill with a list of charges
3. Know the names and jobs of the people who take care of you
4. Have your records seen only by your doctor or nurse
5. Get an answer quickly when you ask something
6. Know how we work with other places to take care of you
7. Get a copy of our patient rules
8. Know about free and low-cost health care
9. See your records and get a copy of them
10. Say no to having students or observers help take care of you
11. Say no to being in research or education projects
12. Be alone with your doctor or nurse when they treat you
13. Be treated right away if you might die, even if you don't have insurance or cannot pay
14. Know the facts about any test or treatment before you say yes to it
15. Get copies of bills we send to other places that take care of you
16. Know how your doctor works with the other places that take care of you including if he or she is paid by them
17. Get copies of bills to or payments from your insurer or healthcare program
18. For patients with breast cancer, to be told about all the ways it can be treated
19. For patients getting breast implants, to be told about all the risks
20. For women having a baby, to know the facts about all the things we may do during labor and birth
21. Get help with pain
22. Know how to reach your providers after hours: call our main line **508-992-6553** at any time to reach a provider on-call.



## Patient Complaints / Conflicts

All patients have the right to voice concerns or complaints regarding the care they received, to have those complaints reviewed, and, when possible, resolved. The presentation of a complaint will not jeopardize patient care or compromise a patient's future access to care here. The Greater New Bedford Community Health Center's policy is to respond to patient complaints as soon as possible and usually within FIVE (5) working days of the complaint being filed.

*All patient complaints should be directed to our Patient Care Advocate at:*

**Greater New Bedford Community Health Center, Inc.**

874 Purchase Street, New Bedford, MA 02740 • (508) 992-6553

*Copies may be filed with:*

**Board of Registration in Medicine**

200 Harvard Mill Square, Suite 330, Wakefield, MA 01880 • 800-377-0550

**Department of Public Health • Bureau of Health Care Safety and Quality**

250 Washington Street, Boston, MA 02108 • 617-753-8000

**Massachusetts Medical Society**

860 Winter Street, Waltham, MA 02451-141 • 781-893-4610

The Patient's Bill of Rights was adopted as a section of the Massachusetts General Law, Chapter III, a copy is available upon request.

**ANY PERSON WHOSE RIGHTS UNDER THIS SECTION ARE VIOLATED MAY BRING,  
IN ADDITION TO ANY OTHER ACTION ALLOWED BY LAW OR REGULATION,  
A CIVIL ACTION UNDER SECTIONS 60-B TO 60-E, INCLUSIVE, OF CHAPTER 231.**

This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

If you need assistance obtaining health insurance coverage, speak with one of our benefits counselors before your visit with your medical provider. We can help you with the application process and determine your eligibility for affordable health insurance plans to make sure that you and your family stay healthy. Discounts are also available based on family size and income.

# Your Patient Centered Medical Home ( PCMH )

Patient Centered Medical Home (PCMH) is a model of health care “centered” around the patient’s needs. **Greater New Bedford Community Health Center is also PCMH Prime Certified**, which means we apply the same patient centered care to your behavioral health needs. We are a team of healthcare professionals who are responsible for your health – both in wellness and illness.

## How does PCMH benefit you?

- Stronger relationships with your doctor and our office staff
- Access to convenient office appointments
- Connections to specialists for care
- Follow-up on important results and referral appointments
- Resources and educational materials to help you manage your health at home
- Direct access to your health record 24/7 via the Patient Portal

## How can you participate?

Please bring the following materials to your next visit with us:

- Updates to your medical history and current prescribed drugs
- List of other doctors you have seen since your last visit with us
- All questions you have about your personal health and well-being

## We are here for you:

- If you need to schedule a routine physical or same day care
- If you require medical assistance during regular business hours call us at 508-992-6553
- If you need urgent medical care after our office hours, please call the same number above to speak with the doctor on call
- If you need to see a specialist or speak with your primary care provider, our staff will help you connect with the appropriate specialist

## Do you need health insurance coverage?

Our Benefits Department will assist you in reviewing

your eligibility for coverage through various options. Call us to schedule an appointment with a benefits representative at 508-992-6553. If you are coming to see your doctor on the same day, arrive at least one hour before your appointment and check in at our Urgent Care front desk.

## Accessing your Patient Portal

Greater New Bedford Community Health Center now gives you easy and private access to your medical information online, so you can view your personal health record and receive periodic updates and reminders from your doctor whenever and wherever you have access to the Internet. At your next visit, give us a personal (non-work) email address and follow the steps below – it’s that easy. Once you create your account, you will be able to securely log on in the future with your username and password.

1. Access Patient Portal at : [gnbchc.org](http://gnbchc.org): PATIENT RESOURCES
2. Give your email to receptionist to start process
3. Check your email for link received from **GREATER NEW BEDFORD COMMUNITY HEALTH CENTER** (check your spam)
4. Click on the **PATIENT PORTAL URL** link located after first paragraph In your email to open up the patient login page
5. Type in **USERNAME** and **PASSWORD** in the top right corner of the **PATIENT PORTAL** web page (**your username and password are in your email**)
6. Click the **LOGIN** button

That’s all there is to it; now you can enjoy convenient access to your medical information. For future access to the Patient Portal, save the link <https://health.healow.com/GNBCHC> to your favorites or write it down for your records.



## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Protected Health Information (PHI) about you is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present, or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This notice describes your rights to access and control your PHI. It also describes how we follow applicable rules as well as how we use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes permitted or required by law.

### Your Rights Under the Privacy Rule

- Following is a statement of your rights under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff. You have the right to receive, and we are required to provide you, a copy of this notice of privacy practices.
- We are required to follow the terms of this notice. We reserve the right to change the terms of our notice at any time and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The notice will also be posted in a conspicuous location in the practice, and if such is maintained, on the practice's website.
- You have the right to authorize other use and disclosure. This means you have the right to authorize any use or disclosure of PHI that is not described within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intend to sell your PHI. You may revoke an authorization at any time, in writing, except to the extent that your healthcare provider or our practice has taken an action in reliance on the use or disclosure indicated in the disclosure.
- You have the right to request an alternative means of confidential communication. This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, fax, telephone), and/or to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.
- You have the right to inspect and obtain a copy your PHI. This means you may submit a written request to inspect and obtain a copy of your complete health record. If your health record is maintained electronically,

you will also have the right to request a copy in electronic format. We have the right to charge a reasonable, cost-based fee for paper or electronic copies as established by federal guidelines. In most cases, we will provide requested copies within 30 days.

- You have the right to request a restriction of your PHI. This means you may ask us, in writing, not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.
- You have the right to request an amendment to your Protected Health Information. This means you may submit a written request to amend your PHI for as long as we maintain this information. In certain cases, we may deny this request.
- You have the right to request disclosure accountability. You may request a listing of disclosures we have made of your PHI to entities or persons outside of our practice except for those made upon your request or for purposes of treatment, payment, or healthcare operations. We will not charge a fee for the first accounting provided in a 12-month period.
- You have the right to receive a privacy breach notice. You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.
- If You have questions regarding your privacy rights or would like to submit a written request, please feel free to contact our privacy officer at 508-992-6553 or mail to 874 Purchase St., New Bedford, MA 02740, ATTN: Privacy Officer.

## How We May Use or Disclose Protected Health Information (PHI)

The following are examples of uses and disclosures of your Protected Health Information that we are permitted to make. These examples are not meant to be exclusive, but to describe possible types of uses and disclosures.

**Treatment** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your PHI, if necessary, to a pharmacy that would fill your prescriptions. We may also disclose PHI to other healthcare providers who may be involved in your care and treatment.



**Payment** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as making a determination of eligibility or coverage for insurance benefits.

**Healthcare Operations** We may use, or disclose as needed, your PHI in order to support the business operations of our practice. This includes but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions, and a patient's safety activities.

**Special Notices** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests, to provide information that describes or recommends treatment alternatives regarding your care, or to provide information about health-related services and benefits offered by our office.

*We may contact you regarding fundraising activities but you will have the right to opt out of receiving further fundraising communications. Each fundraising notice will include instructions for opting out.*

**Health Information Organization** The practice may elect to use a health information organization, or other such organization, to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**To Others Involved in Your Healthcare** Unless you object, we may disclose to a member of your family, a relative, a close friend, or another person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of PHI (e.g., in a disaster relief situation), then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**Other Permitted and Required Uses and Disclosures** We are also permitted to use or disclose your PHI without your written authorization, or providing you an opportunity to object, for the following purposes: if required by state or federal law; for public health activities and safety issues [e.g. a product recall]; for health oversight activities; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for research purposes; in response to a court or administrative order and subpoenas that meet certain requirements; to a coroner, medical examiner, or funeral director; to respond to organ and tissue donation requests; to address workers' compensation; law enforcement and certain other government requests; and for specialized government functions [e.g., military, national security, etc.]; with respect to a group health plan, to disclose information to a health plan sponsor for plan administration; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with requirements of the Privacy Rule.

## Privacy Complaints

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the privacy officer at (508) 992-6553. We will not retaliate against you for filing a complaint.

## Contact Us:

### Greater New Bedford Community Health Center, Inc.

874 Purchase Street, New Bedford, MA 02740 • (508) 992-6553

### To Reach A Provider After Hours

Call our main line at (508) 992-6553 at any time (24/7) to reach our provider on-call.

## Hours of Operation

<b>Adult Medicine:</b>	Mon - Fri • 8 am - 5:30 pm	<b>Urgent Care:</b>	Mon - Fri • 8 am - 5:30 pm
<b>Infectious Disease:</b>	Mon - Fri • 8 am - 5:30 pm		Saturday • 8 am - 4:30 pm
<b>Women's Health:</b>	Mon - Fri • 8 am - 5:30 pm	<b>Dental:</b>	Mon - Fri • 8 am - 5 pm
<b>Pediatrics:</b>	Mon - Fri • 8 am - 5:30 pm		

## FREE PARKING

Patients may park for free in the nearby Elm Street Parking Garage.



874 Purchase Street • New Bedford, MA 02740

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



# Greater New Bedford Community Health Center

## Our Mission

### Patients

To serve, educate and inspire our patients in becoming more knowledgeable and participatory in their total health.

### Community

To be a regional resource and leader focused on improving public health in the communities we serve.

## Our Vision

To improve the health, well-being and quality of life of each patient, their families and the greater community.

## Our Values

**P**

**Patient Centered** – A rich diversity of patients is at the heart of what we do. Equitable care means we must empathize with each patient, speak their language and tailor what we do to meet their unique needs.

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**I**

**Innovative** – Our approach is dynamic, collaborative and adaptive. Clear communications, coordinated workflow, financial transparency and emphasis on outcomes bolster the special relationship between patients and care teams.

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**L**

**Local Partners** – The community of Greater New Bedford is the long-term beneficiary of our work. We are a fully engaged partner and primary care agent for positive change on critical matters of public health and the elimination of health disparities.

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**O**

**Obliging & Respectful** – Patients and employees alike can count on our health center to be accepting, safe, confidential and courteous. Every patient is welcomed, just as every employee is valued. All are treated fairly and with dignity.

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**T**

**Team Players** – Our team is empowered by its wealth of perspectives and unified in its focus to serve our patients and community. We are deliberate and considerate in lending expertise, sharing accountability and fostering hope.

## Why PILOT?

Pilot (pahy-luh t) – noun: Navigator. A specially knowledgeable person qualified to navigate a vessel through difficult waters (from Wikipedia.org's Glossary of Nautical Terms)