

PATIENT HANDBOOK



Chase Brexton Health Care

CHASEBREXTON.ORG • 410-837-2050

YOUR HEALTH CARE TEAM

EVERYONE HAS DIFFERENT NEEDS AND GOALS. At Chase Brexton, you will have your own health care team to help you reach your own health goals. Your team is focused on YOUR health!

Your health care team might include your primary care provider, nurse, medical assistant, pharmacist, and case manager. Your team will work with you to make sure all areas of your care is right for you.

YOUR HEALTH CARE TEAM

Name	Title
Name	Title
Name	Title
Name	Title

COMMONLY USED EXTENSIONS & NUMBERS

To fill in extensions, or confirm extensions, visit the website:
chasebrexton.org/phoneextensions

 Appointments	410-837-2050 X_____
 Medical questions	410-837-2050 X_____
 Pharmacy	_____
 Run out of refills?	410-837-2050 X_____
 Referral* requests	410-837-2050 X_____
 Billing questions	443-884-9311
 Insurance eligibility	410-837-2050 X8872 or 8813

***WHAT IS A 'REFERRAL'?** If your health care team wants you to see a specialist or another provider, you will get a "referral." Your insurance company may require referrals before you see anyone other than your primary care provider.

WELCOME TO CHASE BREXTON

Welcome!

WE'RE VERY HAPPY TO HAVE YOU AS OUR PATIENT!

Our goal is to give you great health care. We want to help you live your healthiest life!

We know it can be easier to be healthy when all of your health care is in one place. We offer many health care services - for everyone in your family - all in one location. Instead of running from office to office, we hope you'll find what you need here -



Pediatric Primary Care



Adult Primary Care



Care Management Programs - Chronic Disease Management, Clinical Pharmacy Support, & Nutrition



OB/GYN including free, walk-in pregnancy testing



HIV & Infectious Disease Care - including our walk-in HIV testing & Sexual Health Clinic with same-day STI testing



Dental Care - Pediatric, Maternity, & Adult



Behavioral Health - Individual, Couple, Family, & Groups



Psychiatry



Social Work & Outreach Services to help with basic needs



Full-service Pharmacy



In-office Labs - only for Chase Brexton patients!

In this booklet, learn about health records, your bills, our accreditations, and some of the important policies and support we provide.

Wishing You Great Health!

The Chase Brexton Family



THE PATIENT-CENTERED MEDICAL HOME

**CHASE BREXTON HEALTH CARE IS ACCREDITED AS A
PATIENT-CENTERED MEDICAL HOME (PCMH) BY THE
NATIONAL COMMITTEE FOR QUALITY ASSURANCE
(NCQA).**

PCMH means we work to provide comprehensive care for all patients. PCMH is a partnership between you, your provider, and your primary health care team. It is designed to make sure you get the best care and that your care is focused on your needs. We offer personalized care plans to address your health concerns, medication review to help you understand and monitor your prescriptions, coaching and advice to meet your health care goals, and assist you along your health care journey. Your health care team will assist with navigation to ensure that the right care is provided at the right time and coordinate your care for the best health outcomes.

**Learn more about the principals of PCMH by visiting:
chasebrexton.org/about-us or ncqa.org.**

YOUR PATIENT PORTAL & YOUR HEALTH RECORDS

CHASE BREXTON HEALTH CARE PROVIDES AMAZING HEALTH CARE FOR YOU - BOTH IN OUR OFFICES AND AT YOUR HOME!

At home, you can manage your health care by using our safe, secure patient portal, myChaseBrexton.org. Your health care is just a click away on any device (computer, tablet, or phone) with a connection to the internet.

ON myChaseBrexton.org, YOU CAN:

- Review your health information
- Check lab results
- View appointment summaries
- Request appointments
- Request new prescriptions for your current medications
- Ask your health care team questions via encrypted email

Register or learn more: visit myChaseBrexton.org or download the free patient portal app on your app store.

REQUESTING YOUR HEALTH RECORDS

Your health records are available to you. In order to protect your privacy, you are required to complete a Release of Information Form before we can send them to you.

To have information sent either to Chase Brexton from another provider or from Chase Brexton to another provider, please complete the Release of Information Form. You can get this form from your provider, from a Patient Service Representative, or you can print it out from the Patient Resources section on chasebrexton.org.

PAPERWORK REQUESTS. If you need paperwork filled out (for example - for work or school), please submit a request in person to a Patient Service Representative at your Center.

PLEASE PLAN AHEAD. Allow up to 15-business days for paperwork to be completed, though it will likely be quicker.

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

I. INFORMATION DISCLOSURE

You have the right to receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, assistance will be provided so you can make informed health care decisions.

II. PARTICIPATION IN TREATMENT DECISIONS

You have the right to know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

III. RESPECT AND NONDISCRIMINATION

You have the right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers. This applies to discrimination based on race, color, national origin, religion, sex (including pregnancy, childbirth, and related medical conditions), disability, age, genetic information, marital status, citizenship, sexual orientation, or gender identity.

IV. CONFIDENTIALITY OF HEALTH INFORMATION

You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.

V. COMPLAINTS AND APPEALS

You have the right to a fair, fast and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

VI. PATIENT RESPONSIBILITIES

1. Take responsibility for maximizing healthy habits, such as

- exercising, not smoking, and eating a healthy diet.
2. Become involved in specific health care decisions.
 3. Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
 4. Disclose relevant information and clearly communicate wants and needs.
 5. Use the internal complaint and appeal process to address concerns that may arise.
 6. Avoid knowingly spreading disease.
 7. Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
 8. Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
 9. Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations and exclusions, rules regarding use of information, and the process to appeal coverage decisions.
 10. Show respect for other patients and health workers, including not making discriminatory remarks, sexual comments, or verbal or physical threats.
 11. Make a good-faith effort to meet financial obligations.
 12. Abide by administrative and operational procedures of the health plans and health care providers.
 13. Report wrongdoing and fraud to appropriate resources or legal authorities.
 14. Keep scheduled appointments and call 24 hours in advance if you cannot make an appointment.
 15. Not be under the influence of drugs or alcohol when attending appointments.
 16. Apply for healthcare benefit and entitlement programs as advised.

NOTICE OF PRIVACY PRACTICES

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

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

We will say “yes” unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

You can complain if you feel we have violated your rights by contacting us using the information on page 11.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about

what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org.

OUR RESPONSIBILITIES

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as

described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site: chasebrexton.org.

This Notice of Privacy Practices applies to the following organization: Chase Brexton Health Services, Inc.

DBA: Chase Brexton Health Care

1111 North Charles Street

Baltimore, MD 21201

www.chasebrexton.org | 410-837-2050

12.25

WHY DO WE ASK ABOUT YOUR SEXUAL ORIENTATION & GENDER IDENTITY?

Feeling comfortable and safe with your health care team will help you stay healthy. We ask about your sexual orientation and your gender identity for a few reasons:

1. WHO YOU ARE IS IMPORTANT TO YOUR HEALTH - we want you to know we respect, welcome, and support you

2. EVERYTHING IN OUR LIVES AFFECTS OUR HEALTH - we can help you stay healthy by addressing health risks or issues related to sexual orientation and gender identity

3. OPEN COMMUNICATION IS A GOOD THING - knowing you makes it easier for us to talk with you about your life and help you reach your goals

LET US KNOW THE NAME YOU'D LIKE US TO CALL YOU None of us likes to be called by the wrong name. We've all been there. It's important that we do all we can to affirm who you are, so let us know the name you go by.

WHAT IF WE CALL YOU THE WRONG NAME? Mistakes do happen, but it's important that we support our patients. Please let us know if we made a mistake. If you're not comfortable doing it in person when the mistake happened, you can always contact us using the information on page 11.

JOINT COMMISSION ACCREDITATION, CONCERNS, & COMPLAINTS

**CHASE BREXTON HEALTH CARE IS ACCREDITED BY
THE JOINT COMMISSION FOR AMBULATORY AND
BEHAVIORAL HEALTH CARE.**

WHAT DOES THIS MEAN FOR YOU AS A PATIENT?

The Joint Commission is a national organization that reviews health care providers. They review providers to make sure their practices meet the standards for patient safety and quality of care. Chase Brexton works to provide the highest quality services and patient care. These are the reasons we are accredited.

Chase Brexton provides health care that is at or above national standards of quality and safety. Always look for Joint Commission accreditation at your health care offices.

COMPLIMENTS, CONCERNS, & SUGGESTIONS

**YOU HAVE A CHOICE IN WHERE YOU GO FOR YOUR
HEALTH CARE. WE'RE GLAD YOU CHOSE US!** Let us know how we're doing. Visit chasebrexton.org/feedback or scan the QR code below to submit a feedback form.



You may also call our Quality Department at 410-837-2050 X1352. Our Quality Department will review your compliment, concern, or suggestion and respond to you, if you'd like us to.

If your concerns are not addressed in a timely manner, you may file a complaint with Chase Brexton Health Care, applicable governmental authorities, or the Joint Commission at www.jointcommission.org.

DISCRIMINATION IS AGAINST THE LAW

Chase Brexton Health Care complies with applicable Federal civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, sex, or gender identity.

Chase Brexton provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Chase Brexton also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Chase Brexton's call center to make a request at 410-837-2050 x4300.

If you believe that Chase Brexton has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or gender identity, you can file a grievance with the Quality Department using the feedback information on page 13.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.

ARABIC

ةيوعغل قدعاسم تامدخ لكل رفوتتسف ،ةيبرعل اشدحتت تنك اذ: مبحثنا
ريفوتل قيسانم قدعاسم تامدخو لئاسو اضئي رفوتتو .ةين اجم
ان اجم لوصول اقل مس تاقيسن تب تامول عمل

FRENCH

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.

HATIAN CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou.

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं।

MANDARIN

注意：如果您使用简体中文交流，我们将为您提供免费的语言协助服务。我们还免费提供以无障碍格式提供信息的适当辅助工具和服务。

NAPALI

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्।

PASHTO

تامدخ یتسررم ایرو یبژ د ون ،ئوک یربخ وتینپ وسات هک :نرل مپ
ولوک وتچ وتامول عم د یک ونب رو یسرسل د .یرل نوتش مراپل وساتس
یرل نوتش ایرو مه تامدخ وا یتسررم یبس انم مراپل

PORTUGUESE

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de

assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente.

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit și ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.

URDU

کیا، ددم تفہم کیا، انابز کیا فرص وت ییے تلوب ودرآ پآ رگا: ہجوت
ےل کے ےنرک ہارف تامول عم یی سٹیمراف زاجم - ےہ ہایتسد سورس
یئاسر تفہم کت تامدخ روا تنواعم بسنام

VIETNAMESE

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.

WOLOF

BÀYYI CI XEL: Sudee dangay làkk Wolof, ay serwiisi ndimbal ci wàllu kàllaama yu amul fay jàppandi nañu ngir yaw. Ay ndimbal ak ay serwiis yu ci toftal yu méngoo ngir joxe ay leeral ci melokaan yu yomb a jot jàppandi nañu itam te amul benn fay.

YORUBA

ÀKÍYÈSÍ: Ti o ba nso Yorùbá, awọn isẹ àtìlẹ́hìn èdè lófẹ́ẹ̀ wà fún ọ. Àwọn àtìlẹ́hìn isẹ̀ ati ìrànlọ́wọ̀ láti pèsè iwífúnni ní ọ̀nà tó se é kà wà lófẹ́ẹ̀ bákannàà.

SMOKING, DRUGS, WEAPONS, & ANIMAL POLICIES

CHASE BREXTON HEALTH CARE STRIVES TO CREATE A SAFE, WELCOMING, HEALTHY ENVIRONMENT FOR OUR PATIENTS, STAFF, VISITORS, AND THE COMMUNITY AS A WHOLE.

SMOKING, DRUGS, & ALCOHOL USE

Patients, visitors, and employees are prohibited from smoking or the use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription anywhere on the premises of a Chase Brexton site.

Chase Brexton Health Care is a smoke-free campus.

WEAPONS ARE PROHIBITED

Chase Brexton is a weapons-free environment. We strive to keep our offices free from violence and intimidation. All weapons are strictly prohibited at all Chase Brexton locations. This policy applies to all patients, visitors, employees, students, and contractors including those who have a valid permit to carry a concealed weapon. Chase Brexton maintains a "zero tolerance" philosophy regarding weapons in the workplace.

ONLY SERVICE ANIMALS PERMITTED

Service animals are permitted in waiting rooms and patient care areas in accordance with the Americans with Disabilities Act.

Assistance/comfort/emotional support animals are **not** permitted anywhere at Chase Brexton.

BILLING STATEMENTS & BALANCES

CHASE BREXTON WELCOMES EVERYONE. IF YOU ARE UNINSURED OR UNABLE TO PAY, WE WILL PROVIDE YOU CARE.

We accept most insurance plans, Medicaid, and Medicare. We offer a sliding fee scale for those without insurance and who meet the financial requirements.

UNINSURED OR UNDERINSURED? LET US KNOW. Tell us if you are uninsured, have a high deductible, or have other financial concerns. We will help you find resources. Schedule an appointment with our Eligibility Specialists by calling: 410-837-2050 x8872 or 8813.

GOOD FAITH ESTIMATES If you are a self-pay patient, a Good Faith Estimate can help you determine what you can expect your costs to be. Actual service costs could vary depending on the procedure codes for your visit. Our staff can help you determine your costs during your appointment.

WHEN DO WE COLLECT CO-PAYS? Chase Brexton collects co-pays and fee-scale payments at the time of your visit. If you are on a fee-scale, Chase Brexton will collect a small charge for all services at the time of your visit.

WHAT WILL WE BILL YOU FOR? We will send you a bill for expenses not covered by your insurance. This bill may be for additional co-pays, deductibles, or for services not covered by your insurance. Please contact your insurance company if you have questions about costs they don't cover.

WHAT DO YOU DO IF YOU LOSE YOUR INSURANCE COVERAGE? Please contact us! Do not skip your appointments. We will work with you: 410-837-2050 x8872 or 8813.

QUESTIONS ABOUT YOUR BILL? Please call Chase Brexton's billing team at 443-884-9311.

OUR MISSION, VISION, & VALUES

OUR MISSION

To provide compassionate, high-quality, and integrated health care that respects the unique needs of each patient and advances wellness in the communities we serve.

OUR VISION

To achieve excellence in the delivery of integrated, patient-centered care and to create and maintain a positive culture for staff growth and engagement.

OUR VALUES

We are committed to being trustworthy and reliable and to authentically living our values:

RESPECT

We are committed to respect each other and to value unique qualities, diverse backgrounds, and perspectives.

COMPASSION

We are committed to helping our patients, their families, and each other with kindness and understanding.

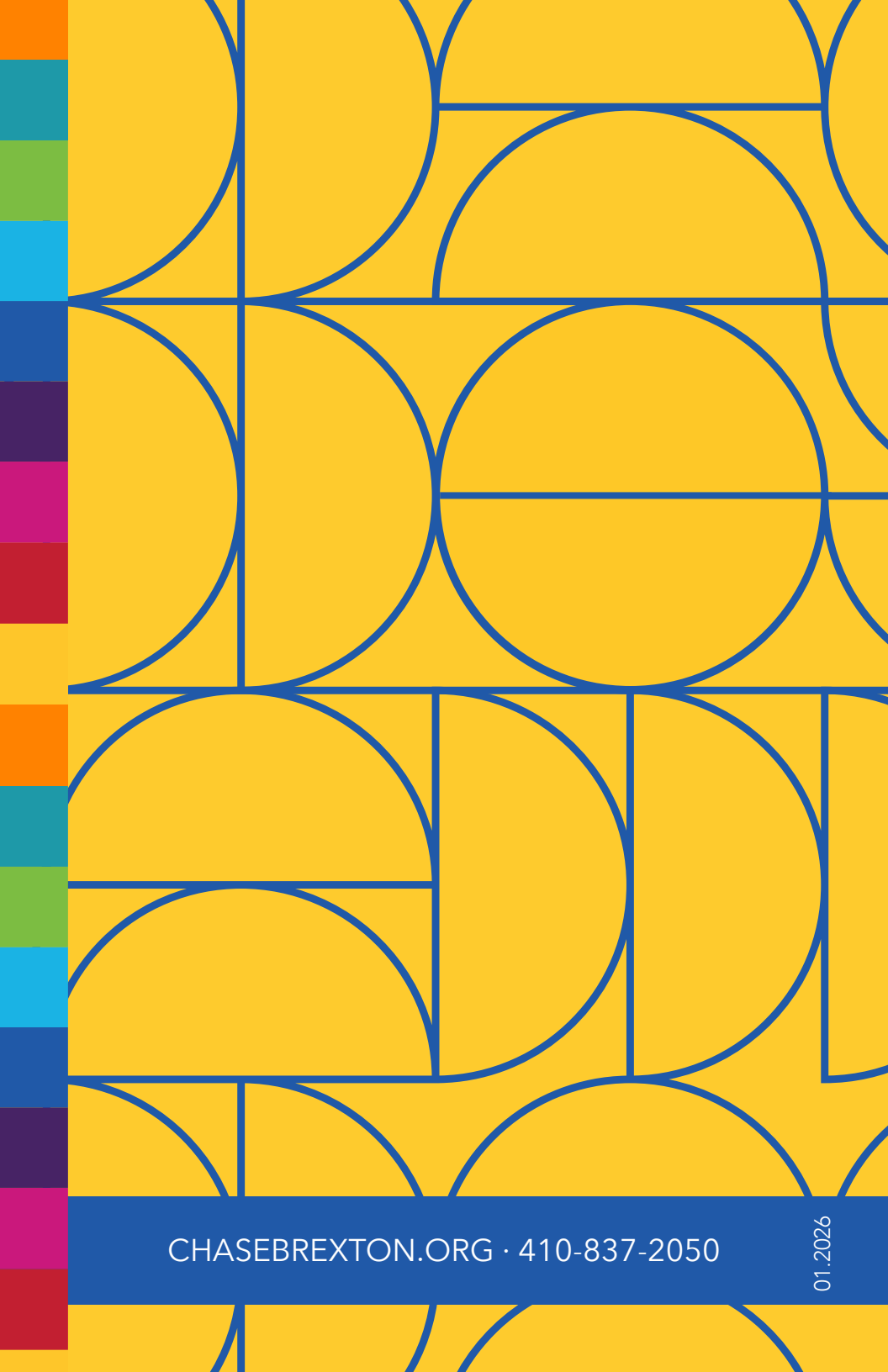
PATIENT-FOCUSED CARE

We are committed to partnering with our patients and communities to improve their health and well-being.

INNOVATION

We are committed to adopting technology to remove barriers to care and continuously improve the patient and staff experience.

NOTES



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