



# Helpful Information about Battenkill Valley Health Center

We are pleased that you have chosen Battenkill Valley Health Center (BVHC) to be your patient-centered medical home. BVHC is a full spectrum family practice specializing in the care for patients of all ages. BVHC is dedicated to improving and managing the health of the people we serve by providing quality care and related social services that promote access, treatment, education, and prevention regardless of health, economic, or insurance status.

Once you have filled out and returned your patient registration packet and we have received your records from your previous provider, we will contact you to make your new patient appointment.

When you arrive for your first appointment, please bring the following with you:

- \* All of your medical and/or dental insurance cards
- \* Photo identification
- \* Anticipated payment for services
- \* If you are 50 years of age or older, we ask that you bring all medications with you to your first appointment

**Office Phone:** (802) 375-6566 – press “6” to speak with a Medical Patient Services Representative and press “7” to speak with a Dental Patient Services Representative.

**Hours:** Medical M-Th 7am – 6pm, F 7am – 4pm | Dental M, W & Th 8am – 5pm, T 8am – 6pm, F 8am - 1pm

**Services:** We provide family medicine, general dentistry, counseling - mental health, substance use disorder, and nutrition, laboratory, and nurse case management.

**After-hours Emergency Medical Coverage:** BVHC medical providers are on call after scheduled working hours. When our practice is closed, medical and behavioral health patients can reach the answering service by calling (802) 375-6567.

**Canceling an Appointment:** BVHC requires a 24-hour notice if you are unable to keep a scheduled appointment. BVHC reserves the right to reschedule your appointment if you are more than 7 minutes late.

**Medications:** Please bring a list of medications with doses that you are currently taking, including vitamins and over-the-counter medications.

**Prescription Refills:** Call your pharmacy and follow the instructions to request a refill. If you are out of refills, call your pharmacy, which will then send an electronic request to BVHC to have the prescription filled. If you are a dental patient who requires pre-medication for dental care, it is your responsibility to request a prescription by calling (802) 375-6566 and pressing “7”.

**Payment and Billing:** Copays are due at check-in for any office visit. Co-insurance payments for other services will be billed after insurance processing on a monthly basis. Payment for patients with private insurance (a company that BVHC does not contract with) or no insurance are expected at the time of service. BVHC offers many services on a sliding fee scale – participation is based on household size and income – to those patients who qualify, alleviating barriers to care. Patients can also receive help signing up for health insurance through Vermont Health Connect. **Note:** *Most labs are sent to Southwestern Vermont Medical Center for processing. Please be advised that you may receive a bill from us for drawing the labs and one from SVMC for the resulting services.*

**No-Show Policy:** It is very important that you attend your scheduled appointment(s) with your provider. If you do not cancel or reschedule your appointment 24 hours in advance, you will be considered a “no-show” to your appointment. If you have three no-show appointments within a 12 month period, you will be placed on same-day scheduling, stand-by scheduling, or face termination from the practice. Other conditions for patient termination include patient breach of controlled substance contract or abusive patient behavior.

**Compliments/Concerns:** Our promise is to provide you and your family with the best care possible in a compassionate environment. If at any time you don’t feel like we’ve delivered on this promise, please let a staff member know. We can’t fix what we aren’t aware of. You always have the opportunity to complete a patient satisfaction survey, simply see a Patient Services Representative.

## **ABOUT OUR NOTICE OF PRIVACY PRACTICES**

**\* THE FULL VERSION IS AVAILABLE IN THE WAITING ROOM, AT THE FRONT DESK, AND ON OUR WEBSITE \***

BVHC is committed to maintaining the confidentiality of your protected health information in compliance with the law. In summary, BVHC's Notice of Privacy Practices includes our obligations under the law with respect to your protected health information, and:

- How we may use and disclose the health information that we keep about you
- Your right relating to your protected health information
- Our right to change our Notice of Privacy Practices
- How to file a complaint if you believe your privacy rights have been violated
- The conditions that apply to uses and disclosures not described in the document
- The person to contact for further information about our Privacy Practices

We are required by law to give you a copy of this Notice & obtain your written acknowledgement that you have received it.

## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

In order to provide you with exceptional healthcare, there are rules that we both need to follow. Listed below is what you can expect from BVHC and what BVHC expects from you:

### **YOU HAVE THE RIGHT**

- To receive considerate and respectful care regardless of your sex, age, race, religion, color, national origin, sexual orientation or other personal characteristics including source of payment of your care.
- To receive the necessary information to participate in decisions about your care and to give your informed permission before any diagnostic or therapeutic procedure is performed.
- To receive the information you need about your health and medical conditions in a way you can understand.
- To be involved in plans and decisions about your medical treatment.
- To expect reasonable continuity of care and have a medical provider of your choice who is responsible for coordinating your care.
- To expect that your medical record will be kept confidential and released only with your written consent for your treatment with other medical providers, payment of charges or healthcare operations EXCEPT in cases of medical emergency, in response to court orders, suspected abuse of children, or if you threaten to harm yourself, others or property. The members of your healthcare team will share among themselves the information that is necessary to guide their care of you. (For more information about your right to privacy, please read carefully your Notice of Privacy Practices.)
- To know the names and positions of people involved in your care by official name tag or personal introduction.
- To receive interpreter services if you need them.
- To ask and receive an explanation of any charges made by BVHC, even if they are covered by insurance.

### **YOU CAN EXPECT THAT WE WILL**

- Respond to any reasonable request courteously and promptly.
- Respect your privacy.
- Provide care that takes into consideration your personal, spiritual, and cultural values.

### **YOU HAVE A RESPONSIBILITY**

- To provide honest and complete information about your past health medical history so that we can provide the right care.
- To provide necessary information to complete your file.
- To ask questions if you do not understand the explanation of your illness or any instructions that we give you.
- To speak and behave respectfully to BVHC staff and other patients.
- To respect the privacy of other BVHC patients.
- To pay your BVHC bills or, if you are having difficulty, call us to arrange a payment plan.
- To arrive on time for scheduled appointments.
- To call at least 24 hours in advance of your appointment to cancel and/or reschedule.
- To provide BVHC with at least 2 business days' notice when you or a family member are in need of medications or a prescription.
- To recognize the effects of your life-style on your personal health and to make healthy lifestyle choices.