

## **Olde Towne Medical Center**

James City County Human Services Building  
5249 Olde Towne Road  
Williamsburg, Virginia 23188  
757-259-3258  
FAX: 757-220-1953

### ***Hours of Operation***

#### **Monday, Wednesday and Friday**

8:30 a.m. to 5:00 p.m.

#### **Tuesday**

7:00 a.m. to 7:00 p.m.

#### **Thursday**

8:00 a.m. to 8:00 p.m.

***Closed daily for lunch 12:00 p.m. to 1:00 p.m.***

Please Call 259-3258 to Make an Appointment.

### ***For a Medical Emergency After Hours***

If you have Healthkeepers Plus, call

**1-800-901-0020**

If you have Sentara Family Care, call

**1-800-394-2237**

***All others call your nearest Emergency Room***

Updated November 2010



**OLDE TOWNE  
MEDICAL  
CENTER**

**OLDE TOWNE  
MEDICAL  
CENTER  
Patient  
Handbook**

## ***We are happy to have you here at Olde Towne Medical Center....***

In order to make your visit better for you and for us, we have put together this Patient Handbook. We hope you will use this handbook as a guide to the services offered by OTMC.

Remember that Olde Towne Medical Center is your Primary Care Provider. You should come here when you are sick.

You should not go to the Emergency Room unless a Provider or nurse tells you to go there or unless you have an emergency after Olde Towne is closed.

**Olde Towne Medical Center is committed to providing the care that you and your family need and deserve.**

**If you have any questions – PLEASE ASK!**

### ***Who Will Take Care of You?***

- ✓ Care is provided by Doctors, Nurse Practitioners, Nurses, Dentists, Oral Surgeons and Dental Assistants.
- ✓ You will be assigned to a primary care provider (PCP) on your first visit. You will see this provider every visit.

### ***Who Do We Serve?***

- ✓ Families and individuals who live in James City County, York County and the City of Williamsburg.

2.

## **4. YOUR INDIVIDUAL RIGHTS**

### ***You Have a Right to:***

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you

request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice.

2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the Privacy Officer at your office.

## **QUESTIONS AND COMPLAINTS**

If you have questions about this notice or if you think that we have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Contact Person for Olde Towne Medical Center:  
Privacy Officer  
757-259-3258  
5249 Olde Towne Road  
Williamsburg, VA 23188

15.

***Court Orders and Judicial and Administrative Proceedings:*** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**Workers Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

14.

## *Appointments*

To see the Provider, you **MUST** have an appointment.

To make an appointment, call

**259-3258**

- ✓ Please arrive on time for your appointment.
- ✓ If you need to cancel or change your appointment, **PLEASE CALL US!**
- ✓ Please try to call at least 24 hours before your appointment time if you need to cancel.
- ✓ If you are a Medicaid patient or Medicaid HMO patient please bring your latest Medicaid Card with you for every visit.
- ✓ If you are sick, please call us in the morning to see if you will be able to get a work-in appointment.

***DO NOT*** go to the Emergency Room unless told to do so by the Doctor or Nurse Practitioner.

## *No-Show Policy*

- ✓ Your appointment time is valuable time for you and for the staff at the clinic. If you must cancel this appointment, please call one day in advance.
- ✓ If you do not come for your appointment, or if you are more than 15 minutes late for it, you may receive one more appointment.
- ✓ If you do not come for the second appointment, you will not be given another appointment until approval has been given by the Executive Director.

3.

# What Services Are Offered?

General health care for infants, children, teenagers and adults:

- ✓ Healthy check-ups
- ✓ Care when you are sick
- ✓ School Physicals
- ✓ Family Planning
- ✓ Immunizations
- ✓ Nutrition Counseling
- ✓ Referrals
- ✓ Women's Health
  - Gynecology
  - Obstetrics
  - OB Referrals
- ✓ Care for chronic illnesses:
  - Diabetes
  - Asthma
  - Heart Disease
  - High Blood Pressure
- ✓ Dental Care
- ✓ Orthopedics
- ✓ Grief Counseling
- ✓ Psychiatric Evaluation

Testing, Care and Counseling for:

- ✓ Vision
- ✓ Prostate
- ✓ Child Development
- ✓ Follow-up of emergency room referrals
- ✓ Hearing
- ✓ HIV/AIDS
- ✓ Sexually Transmitted Diseases
- ✓ Anemia
- ✓ Tuberculosis

## Dental Clinic

259-3255

Accepts Medicaid, Medicaid HMO's, FAMIS "Smiles for Children", & sliding scale Uninsured patients must pay \$10 to hold an appointment.

## Tuesday Walk-In Immunization Clinic

EVERY Tuesday

9:00 a.m. to 11:00 a.m. and 2:00 p.m. to 4:00 p.m.

Childhood and Adult Immunizations

Immunizations are also available by appointment during regular clinical hours

*Prices vary per vaccination*

you to your other health care providers to assist them in treating you.

**FOR PAYMENT:** We may use and disclose your medical information for payment purposes.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

**Facility Directory:** Unless you notify us that you object, the following medical information about you will be placed in our facilities' directories: your name; your location in our facility; your condition described in general terms; your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about your name.

**Notification:** Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

**Disaster Relief:** Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

**Fundraising:** We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

**Funeral Director, Coroner, Medical Examiner:** To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

**Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services of the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

## **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 IT CAREFULLY.***

This notice takes effect April 14, 2003 and remains in effect until we replace it. 1.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **2. OUR LEGAL DUTY**

#### ***Law Requires Us To:***

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

#### ***We Have the Right to:***

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

#### ***Notice of Change to Privacy Practices:***

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use of disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurse practitioners, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about

## ***Family Health Care Van***

Olde Towne Medical Center has a mobile health van that provides complete primary care services in neighborhoods in the greater Williamsburg area. For more information about the Family Health Care Van and its schedule, please call:

**259-3258**

## ***Obstetrical Services***

Prenatal care is provided on Thursdays by appointment.

**259-3258**

## ***Medication Access Program***

## ***Olde Towne Medical Center Patient Bill of Rights***

- ✓ The Patient has the right to considerate and respectful care.
- ✓ The patient has the right to obtain complete current information about his/her diagnosis, treatment and prognosis.
- ✓ The patient has the right to receive easily understood and accurate information necessary to give informed consent prior to the start of any procedure and/or treatment.
- ✓ The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
- ✓ The patient has the right to privacy concerning his/her own medical care program.
- ✓ The patient has the right to expect that all communications and records pertaining to his care will be treated as confidential.
- ✓ The patient has the right to expect reasonable continuity of care.
- ✓ The patient has the right to examine and receive an explanation of his/her bill regardless of source of payment.

## ***What Will It Cost?***

### ***OTMC accepts the following insurance:***

- ✓ Medicaid    ✓ Medicare    ✓ FAMIS
- ✓ Healthkeepers Plus    ✓ Optima Family Care
- ✓ We do not file for ANY private insurance, with the exception of Medicare secondaries.

### ***If you do not have insurance:***

- ✓ The cost of your care is based on your total household income.
- ✓ We will need proof of your income every six months to determine how much you will pay.
- ✓ Payment for services is expected at the time of service.
- ✓ If you are unable to pay the day of your visit, a payment plan will be worked out for you with the Business Manager.
- ✓ Patients must pay \$10 to hold an appointment to see all specialists or dentists at OTMC
- ✓ You may pay by cash, check, MasterCard, VISA or Discover

## ***Referral Policy***

OTMC patients may be referred to medical and dental specialists and/or other community resources to meet their individual needs and the needs of their family.

Most of the specialists and/or community resources that OTMC refers patients to accept OTMC's sliding pay scale. It is the responsibility of the patient to pay for services provided by a referred specialist and/or community resource. We also ask that patients abide by OTMC's Appointment Guidelines when being seen by a referred specialist and/or community resource

## ***Consent for Treatment & Release of Records***

- ✓ By becoming a patient, you agree to treatment by OTMC providers, as is necessary in their judgment.
- ✓ You agree to be responsible for the charges for services rendered.
- ✓ You authorize release of your medical information to any requesting insurance company and/or other doctors as necessary.
- ✓ Documentation of this consent and release will be kept in your medical chart.

## ***OTMC Staff Bill of Rights***

Olde Towne Medical Center may dismiss a patient who:

- ✓ Uses abusive language in any OTMC facility; language considered abusive is curse words, yelling, shouting;
- ✓ Uses sexual intimidation, or other behavior perceived as threatening;
- ✓ Physically strikes a staff member or any person in Olde Towne Medical Center rented space;
- ✓ Is non-compliant with recommended treatment for a condition that is life threatening and places the care provider at high risk for legal action;
- ✓ Dissatisfaction with the patient-provider relationship.

## ***As a Patient at OTMC, You Need To:***

- ✓ Call for a medicine refill before you run out of pills.
- ✓ Call the clinic when your MAP medicines need to be re-ordered, thirty days in advance.
- ✓ Be on time for your appointment.
- ✓ If you can't get here for any appointment or can't get to any referral appointment, **CALL 24 HOURS AHEAD OF TIME.**
- ✓ Bring your diabetic logbook (if you have one) to every appointment.
- ✓ Bring any medicines you are currently taking, each and every time you come to the clinic.
- ✓ Bring proof of medicines you are currently taking, each and every time you come to the clinic.
- ✓ Bring proof of income every 3 months or if you change your job.
- ✓ Plan to make a payment on your bill when you come to see the doctor.

## *Sliding Fee Scale*

**To be considered for Sliding Fee Scale at the Olde Towne Medical Center please provide one of the following that apply:**

- Proof of Income- For patient and /or spouse.
- Pay Stubs – most recent consecutive pay stubs (last 4 preferred but minimum of 2)
- Statement of earnings from employer
- Federal Tax return from last year – Mandatory for Self employed patients
- Notice of Action letter from Social Services- Food stamps letter
- Pension benefits statement from employer
- Social Security benefits statement
- Disability benefits statement
- Unemployment benefits statement
- Alimony – Court Document
- Child Support – bank statement or court documentation
- TANF benefits letter from Social Services
- Financial Support letter from family or friends (e.g., free room and board) Ask receptionist for the proper form letter to have completed.

**All information must be updated every six (6) months.** Failure to provide any of the above information will require you to pay **full fee for services** that are received from Olde Towne Medical Center. **Eligibility requirements must be presented within 30 days of the visit to be eligible for discount on account. All patients are expected to pay their sliding scale co pay before a provider sees them.**