New Member's Package
2014

63 Main Street Brockton MA (508) 559-6699
TDD: (508) 587-4224
To our new patient:

Welcome to Brockton Neighborhood Health Center. As a new patient, you are receiving this information packet so that we can educate you about the range of our available services, and familiarize you with how our Health Center works.

Please take the time to read through these materials and keep the information packet in a handy place for your future reference. It contains telephone numbers, the names and specialties of providers, hours of operation, patient rights and responsibilities, plus much more.

Should you have any questions regarding this information or any other questions related to our Health Center, please don’t hesitate to ask. We will be happy to assist you in any way.

Our Mission

Brockton Neighborhood Health Center is a multicultural organization that collaborates with community agencies and residents to provide high quality comprehensive health care that is responsive to community health needs and is linguistically, culturally and financially accessible. We believe that all individuals have a right to good health and access to health care.

Accreditation

Brockton Neighborhood Health Center is accredited by the Joint Commission (formally known as The Joint Commission for the Accreditation of Healthcare Organizations) and, is recognized as a Patient Centered Medical Home by the National Committee for Quality Assurance.

Our Services

- Adult Medicine
- Pediatrics
- OBGYN
- Urgent Care
- Behavior Health
- Dental
- Eye Services
- STI Clinic
- Medical Home Initiative
- Specialties (Gastroenterology, Nephrology, Neurology)
- Pharmacy & X-Ray (on-site)
- HIV Services

Please Note: When a life threatening occurrence happens within the health center the patient will be resuscitated.

updated 11/12/2014
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Mass Health Members Booklet
Hours of Operation

General Hours of Operation

Monday 8:15 a.m. to 8:00 p.m.
Tuesday 8:15 a.m. to 8:00 p.m.
Wednesday 9:00 a.m. to 8:00 p.m.
Thursday 8:15 a.m. to 8:00 p.m.
Friday 8:15 a.m. to 6:00 p.m.

Specialties

Urgent Care Hours

Monday 8:15 a.m. to 8:00 p.m.
Tuesday 8:15 a.m. to 8:00 p.m.
Wednesday 9:00 a.m. to 8:00 p.m.
Thursday 8:15 a.m. to 8:00 p.m.
Friday 8:15 a.m. to 6:00 p.m.
Saturday 9:00 a.m. to 3:00 p.m.
Saturday – Pedi Only – 9:00 a.m. to 1:00 p.m.

Dental Clinic Hours

Monday 8:30 a.m. to 8:00 p.m.
Tuesday 8:30 a.m. to 6:00 p.m.
Wednesday 9:00 a.m. to 8:00 p.m.
Thursday 8:30 a.m. to 8:00 p.m.
Friday 8:30 a.m. to 6:00 p.m.
Saturday 9:00 a.m. to 3:00 p.m.

Optical Shop

Monday 9:00 a.m. to 4:00 p.m.
Tuesday 10:30 a.m. to 6:00 p.m.
Wednesday 9:00 a.m. to 4:00 p.m.
Thursday 9:00 a.m. to 4:00 p.m.
Friday 9:00 a.m. to 4:00 p.m.
# 2014-2015 HOLIDAY SCHEDULES

<table>
<thead>
<tr>
<th>2014</th>
<th>Days Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, January 1, 2014</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>Monday, May 26, 2014</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>Friday, July 4, 2014</td>
<td>Independence Day</td>
</tr>
<tr>
<td>Monday, September 1, 2014</td>
<td>Labor Day</td>
</tr>
<tr>
<td>Thursday, November 27, 2014</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Saturday, November 29, 2014</td>
<td>Closed for Thanksgiving</td>
</tr>
<tr>
<td>Wednesday, December 24, 2014</td>
<td>Christmas Eve Closed at 3:00pm</td>
</tr>
<tr>
<td>Thursday, December 25, 2014</td>
<td>Christmas</td>
</tr>
<tr>
<td>Wednesday, December 31, 2014</td>
<td>New Year’s Eve Closed at 3:00pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015</th>
<th>Days Closed</th>
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<tbody>
<tr>
<td>Thursday, January 1, 2015</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>Monday, May 25, 2015</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>Friday, July 3, 2015</td>
<td>Independence Day</td>
</tr>
<tr>
<td>Monday, September 7, 2015</td>
<td>Labor Day</td>
</tr>
<tr>
<td>Thursday, November 26, 2015</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Saturday, November 28, 2015</td>
<td>Closed for Thanksgiving</td>
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<td>Thursday, December 24, 2015</td>
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<tr>
<td>Wednesday, December 31, 2015</td>
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</tr>
</tbody>
</table>
**List of Providers**

### Adult Medicine
- Dr. Benjamin Lightfoot, CMO
- Dr. Joseph Panerio-Langer, Assistant CMO
- Dr. Azmat Maskati
- Dr. Sasikala Sannapareddy
- Dr. Syed Muqqadas
- Dr. Gloria Ibarra
- Dr. Devina Prasad
- Dr. Nabila Azam
- Dr. Srinivas Bodapati
- Dr. Aditya Neravettla
- Dr. Gvantsa Didebulutze
- Dr. Victor Marmolejos
- Dr. Naveet Pala
- Dr. Douglass Bibuld
- Dr. Poornaa Narayan
- Dr. Sunny Chavan
- Dr. Olivia Pop
- Dr. Rahana Aju
- Dr. Manoj Ramachandran
- Dr. Shruti Pathak
- Pamela Francoeur, NP
- Francesca Villanueva, NP
- Kaitlin Thomas-Frost, NP
- Manuela Rodrigues, LICSW
- Amelia Montrond, MSW

### OB/GYN
- Dr. Soheil Hanjani
- Dr. Zwi Hoch
- Dr. Vikas Merchia
- Dr. David Edinburgh
- Dr. Katrice Larece
- Dr. Angela Aslami
- Barbara Wax, Lead CNM
- Jennifer Anderson, CNM
- Kathy Pringle, CNM
- Cassandra Etienne, CNM
- Susan Wente, CNM
- Chloe Kiritz, CNM
- Vida Mia Ruiz, CNM
- Amy Kogut, CNM
- Wendy Norton, LICSW

### Gastroenterology
- Dr. Joel Solomon

### Nephrology
- Dr. Shreekant Chopra
- Dr. Nicolaos Athienites

### Pediatrics
- Dr. Jane Marie Dolan, Assistant CMO
- Dr. Madeline Mbuyamba
- Dr. Jean Lee
- Dr. Rachana Uniyal
- Dr. Radhika Angara
- Dr. Viacha Vaskili
- Edwich Michel, MSW

### Endocrinology
- Dr. Aarneeet Pala

### Growth Clinic
- Dr. Megan Sandel

### Mental Health
- Dr. Syed Jafery, Psychiatrist
- Dr. Tetyana Tarnavsky, Psychiatrist
- Claudia Sousa, LICSW
- Eleanor Diethelm, LICSW
- Virginia Leigh, LCSW
- Alex Paiva, LMHC
- Angela Andrade, LMHC
- Kettly Benoit, LMHC
- Rui Soares, LICSW

### Nutritionists
- Caitlin Crews, RD, LDN
- Margaret Mone, RN, CDE
- Daniel Kahn, CDE

### Neurology
- Dr. Albert Ackil

### Dental Clinic
- Dr. Rickey Smith, Dental Director
- Dr. Katerina Henderson
- Dr. Thomas Chang
- Dr. Michelle Ardzinski
- Dr. Yamin Kana
- Dr. Ananda Kanakanala
- Dr. Zoiia Perez
- Dr. Yves Betty Gattereau

### Dental Hygienists
- Monique Celestin, RDH
- Saira Ghany, RDH
- Demiere Marshall, RDH
- Lisa Newell, RDH
- Melissa Francois, RDH
- Jobe Alexander, RDH

### Urgent Care
- Dr. Mohammed Hamid
- Dr. Nikhil Gohokar
- Rachel Clerge, NP
- Andrea Haffty, NP
- Martha Ayano, NP
- Francesca Villanueva, NP

### Eye Services
- Dr. Lawrence Weene
- Dr. Henry Woodcome
- Dr. Jeanne Marie Hopkins
- Dr. Alia Khalaf

### Optometrists
- Danielle Markol, RDO, Manager
- Peter Dunn, RDO

### STI Clinic
- Joan Pratti, RN

### VIP Services
- Gabrielle Aurelien, RN

Updated 11/12/2014

*Most adult provider panels are currently full. A wait list may apply.*
Phone Contacts

Main Number: 508-559-6699
Main Number for Dental (make appts, etc): 508-894-3681
Main Number for Pediatrics (make appts, etc): 508-894-3363

If you need to contact a provider after the health center is closed, Please call the main number (508-559-6699) and the answering service will connect you with the correct provider or service.

If you are calling the health center to:
- make an appointment
- request medical records
- request lab results
- Non-clinical and non-emergency calls

Then, you will be requested by the answering service to call back during the normal hours of the health center.

Pediatric:
Brockton Neighborhood Health Center's pediatricians are part of a call coverage group at Brockton Hospital. The answering service will page the pediatrician on call and relay information about the patient. The physician on call contacts the patient and assesses the situation.

Adult:
Brockton Neighborhood Health Center's Adult Medicine Department has formed their own call system. The answering service will page the physician on call and relay information about the patient. The physician on call will contact the patient and assess the situation. This group also covers patients calling from the Mainspring Site.

OB/GYN:
Brockton Neighborhood Health Center's OB/GYN physicians and nurse midwives are on call. The answering service will page the physician or midwife on call and relay information about the patient. The physician or midwife on call contacts the patient and assesses the situation.

Dental:
Off hours calls for dental emergencies are referred to the Adult MD on call. The MD will provide emergency medical treatment and refer the patient to the dental clinic for emergency care the next day.
Medication Refills

Adult Medicine (508) 894-3236, 508-894-3656
Pediatrics (508) 894-3551
OB/GYN (508) 559-6699

Please note: You will not receive a live person on the medication refill line. The messages are checked at least twice a day, and without the following information your prescription cannot be filled.

- Patient Name
- Date of Birth
- Home phone number
- The name of the medication that you want refilled
- Pharmacy name and telephone number

Your prescription will be refilled within 2-5 business days. In order to receive your medications in a timely manner, please make sure that you call for your refill before you are out of the prescription completely.

Referrals

Your primary care (PCP) may decide that you need specialized care with another medical provider (specialist). Your primary care provider will provide you with a referral; our office will either make an appointment for you or provide you with the contact information for you to make that appointment. Your PCP will still be your regular doctor and will consult with the specialist(s) regarding your health care needs.
Remember the Three C’s for your visit!

Call for an appointment
Carry your medication, or list
Create your list of concerns and rank them

To best coordinate your care, please do the following for you visit:

- **Making an Appointment:** Please call the health center to request a date and time that fit your schedule. You will receive all initial information needed before your visit.

- **Preparing for the Visit:**
  - **Medication:** Please bring a medication list that has the name, dosage and frequency. Otherwise, bring in all the actual containers of your current medications, including over-the-counter medications as well as holistic (natural) medications.
  - **List of Concerns:** Before your visit, as recommended, list all your concerns on paper to discuss with your provider. Therefore, you or the provider will not miss anything vital.
    - Make sure the most important of your concerns is at the top of your list so it will be the focus of the visit.

- **Arriving at the Clinic:**
  All established and new (Dental, OBGYN, Pedi, Mental Health and Vision) patients with appointments should go straight up to the individual floors and check-in with the clinical secretaries. All second floor visits (adult medicine and social services) and Urgent Care should report to the first floor for check-in.

- **Beginning of Exam:** Vital Signs and weight are checked at every visit. These great screening tests will help the provider determine a patient care plan that fit your health needs and your lifestyle.

- **Ask Questions:** If there is something, you do not understand, the nursing staff, providers, and support staff will do their best to answer your questions. The staff is here for you!

- **After the Visit:** Your health care provider will inform you of your next follow-up visit and the need for a lab visit or other diagnostic testing if required.
Patient-Centered Medical Home

How to be a partner in your Medical Home:

**Talk to us**
- Give us feedback on how office works
- Talk with your care team about your health problems and concerns
- Ask your team how you can best take care of yourself

**Take care of yourself**
- Set health goals that you feel you can reach
- Do things to reach your goals and lower your health risks
- Join support groups with people like you
- Learn how to manage serious illnesses

**Learn before you decide**
- Look at different treatment options, their risks and benefits
- Create an action plan with support from your care team

**Be safe**
- Tell us about any medicines, supplements, and herbal or holistic products you take
- Talk with us about any safety concerns you have
Brockton Neighborhood Health Center

Medical Home Patient and Provider Roles and Responsibilities

As a patient and partner in my health care team, I will:

- Bring all questions I have to my appointments
- Tell you how I am feeling and how it affects my life
- Ask you about things I do not understand
- Help you create my action plan and track my progress
- Let you know when I get care somewhere else
- Bring a list of all medicines, supplements, and herbal or holistic products I use
- Fill my prescriptions on time, use them as prescribed, and tell you of any problems
- Ask for support services when I need them

As providers and partners in your health care team, we will:

- Respect you and your family values and needs
- Ask you to take part in your health care
- Respect your culture and use language you understand
- Help you set health goals and create an action plan
- Track the care you get from other providers
- Ask for your ideas on how we can improve your care
- Offer appointments at times when you can come in
- Explain test results and what will happen next
- Help you get support services when you need them

(Adapted from Center for Advancing Health 2009. Supporting Patient Engagement in the Patient-Centered Medical Home)
PATIENT RIGHTS & RESPONSIBILITIES

Patient Rights and Responsibilities were established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, provider, and the staff caring for the patient. Patients shall have the following rights without regard to age, race, sex, national origin, religion, culture, physical handicap, personal values or belief systems: (Pursuant to Chapter 111, Section 70E, General Laws of Commonwealth of Massachusetts)

THE PATIENT HAS THE RIGHT:
To have all reasonable requests responded to promptly and adequately within the capacity of the facility.

To receive the care necessary to help regain or maintain his or her maximum state of health and, if necessary, cope with death.

To expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience and perform the services for which they are responsible with the highest quality of service.

To expect full recognition of individuality, including privacy in treatment and care. In addition, all communications and records will be kept confidential.

To complete information, to the extent known by the physician, regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment.

To be fully informed of the scope of services available at the facility, provisions for after hours and emergency care and related fees for services rendered.

Upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care.

To be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient’s rights shall be exercised by the patient’s designated representative or other legally designated person.

Upon request, to inspect his/her medical records and to receive a copy thereof in accordance with section seventy, and the fee for said copy shall be determined by the rate of copying expenses.

To expect your reports of pain will be believed based upon clinical assessment, and that pain relief measures will be instituted, and effective pain management will be pursued.

To refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his/her actions should he or she refuse treatment or not follow the instructions of the physician or facility.

To approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.

To be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation in such experimentation or research without compromise to the patient’s usual care.
To in the case of a maternity patient, at the time of pre-admission, to complete information from an admitting hospital on its annual rate of primary caesarian sections, annual rate of repeat caesarian sections, annual rate of total caesarian sections, annual percentage of women who have had a caesarian section who have had a subsequent successful vaginal birth, annual percentage of deliveries in birthing rooms and labor-delivery-recovery or labor-delivery-recovery-postpartum rooms, annual percentage of deliveries by certified nurse midwives, annual percentage which were continuously externally monitored only, annual percentage which were monitored both internally and externally, annual percentages utilizing intravenous, inductions, augmentation, forceps, episiotomies, spinals, epidurals and general anesthesia, and its annual percentage of women breast-feeding upon discharge from said hospital.

To express grievances/complaints and suggestions at any time.

Upon request, to obtain from the facility in charge of his/her care the name and specialty, if any, of the physician or other person responsible for his/her care or the coordination of his/her care.

To change primary or specialty physicians or providers if other qualified providers are available.

To prompt life saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to his/her health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit.

In the case of a patient suffering from any form of breast cancer, to complete information on all alternative treatments which are medically viable.

To have an advance directive, such as a living will or healthcare proxy. A patient who has advance directive must provide a copy to the facility and his/her physician so that his/her wishes may be known and honored.

To be fully informed before any transfer to another facility or organization.

If refused treatment because of economic status or the lack of a source for payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the patient’s condition; and maintaining records of the foregoing.

To express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.
Your Information. Your Rights. Our Responsibilities.

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.

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.  
You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.  
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 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.  
We may say "no" to your request, but we'll tell you why in writing within 60 days.  
We will say "yes" to all reasonable requests. |
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<tbody>
<tr>
<td>Ask us to correct your medical record</td>
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<tr>
<td>Request confidential communications</td>
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</table>
## 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 will 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 1.
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.
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.

<table>
<thead>
<tr>
<th>In these cases, you have both the right and choice to tell us to:</th>
<th>Share information with your family, close friends, or others involved in your care</th>
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<tbody>
<tr>
<td></td>
<td>Share information in a disaster relief situation</td>
</tr>
<tr>
<td></td>
<td>Include your information in a hospital directory</td>
</tr>
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<td></td>
<td>Contact you for fundraising efforts</td>
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</table>

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

<table>
<thead>
<tr>
<th>In these cases we never share your information unless you give us written permission:</th>
<th>Marketing purposes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Sale of your information</td>
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<tr>
<td></td>
<td>Most sharing of psychotherapy notes</td>
</tr>
</tbody>
</table>

| In the case of fundraising: | We may contact you for fundraising efforts, but you can tell us not to contact you again. |

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

<table>
<thead>
<tr>
<th>Treat you information and share it with other professionals who are treating you.</th>
<th>We can use your health information to run our practice, improve your care, and contact you when necessary.</th>
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</thead>
<tbody>
<tr>
<td>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</td>
<td>Example: We use health information about you to manage your treatment and services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Run our organization</th>
<th>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</th>
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<tbody>
<tr>
<td>Example: We give information about you to your health insurance plan so it will pay for your services.</td>
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</table>

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<thead>
<tr>
<th>Bill for your services</th>
<th>We can use and share your health information to bill and get payment from health plans or other entities.</th>
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</thead>
<tbody>
<tr>
<td>Example: We give information about you to your health insurance plan so it will pay for your services.</td>
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</tbody>
</table>
How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<table>
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<tr>
<th>Help with public health and safety issues</th>
<th>We can share health information about you for certain situations such as:</th>
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<tbody>
<tr>
<td></td>
<td>Preventing disease</td>
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<td></td>
<td>Helping with product recalls</td>
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<td></td>
<td>Reporting adverse reactions to medications</td>
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<td></td>
<td>Reporting suspected abuse, neglect, or domestic violence</td>
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<td></td>
<td>Preventing or reducing a serious threat to anyone’s health or safety</td>
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<tr>
<th>Do research</th>
<th>We can use or share your information for health research.</th>
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<tr>
<th>Comply with the law</th>
<th>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</th>
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<tr>
<th>Respond to organ and tissue donation requests</th>
<th>We can share health information about you with organ procurement organizations.</th>
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<tr>
<th>Work with a medical examiner or funeral director</th>
<th>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</th>
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<table>
<thead>
<tr>
<th>Address workers’ compensation, law enforcement, and other government requests</th>
<th>We can use or share health information about you:</th>
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<tbody>
<tr>
<td></td>
<td>For workers’ compensation claims</td>
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<td></td>
<td>For law enforcement purposes or with a law enforcement official</td>
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<td>With health oversight agencies for activities authorized by law</td>
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<tr>
<td></td>
<td>For special government functions such as military, national security, and presidential protective services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respond to lawsuits and legal actions</th>
<th>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</th>
</tr>
</thead>
</table>
Our Responsibilities

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

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

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

Â 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.

Effective Date is September 23, 2013.

This Notice of Privacy Practices applies to the following organizations.

This Notice of Privacy Practices also applies to patients treated at the MainSpring Father Bill's Homeless Shelter located at 54 North Main Street, Brockton, MA.

You may contact Brockton Neighborhood Health Center's HIPAA Privacy Officer at (508) 894-3504.
Low-Income Patient Rights and Responsibilities

Below is an addendum to your rights and responsibilities as a Low-income patient (101 CMR 613.08(2)) when applying for assistance in paying for medical and/or dental services.

RESPONSIBILITIES:
A Low-income patient that receives eligible services must:

• provide all required documentation in order to qualify and retain low-income medical/dental benefits.

• inform MassHealth and the BNHC of any changes in family income, residency or insurance status. For instance, if any mail that is sent to you by the Office of Medicaid is returned, you will be deemed a non-resident and your medical/dental benefits will be terminated.

• keep track and supply documentation of more than one family member deductible and/or deductibles from more than one provider of services for Partial Health Safety Net (formerly Free Care) benefits. The family member MUST be a Low-income patient to qualify for family deductible. Once your deductible is met, you will be deemed eligible for Full Health Safety Net (HSN) benefits.

• inform the Division or MassHealth within 10 days that he/she was involved in an accident, or suffered from an illness or injury, or other loss that has or may result in a lawsuit or other 3rd party payment of a claim billed to HSN. The patient must assist or assign rights to recover previous payments to the Division and/or repay net amounts he/she received from other 3rd party sources to HSN for services paid by HSN.

RIGHTS:
A Low-income patient has the right to:

• good, quality healthcare from the BNHC regardless of age, race, sex, national origin, citizenship, religion, culture, physical handicap/disability, personal values or beliefs systems.

• apply for MassHealth or other low income programs. In order to be determined a Low-income patient, you must complete a MBR and submit all required documentation. Our Intake and Pre-registration Offices are available during posted office hours to assist you.

• a payment plan, as described in 101 CMR 613.08(1)(f), if the patient is determined to be a Low-income patient pursuant to 101 CMR 613.00 or a patient that qualifies for medical hardship (101 CMR 613.05).

• a written healthcare benefit notice of your eligibility for assistance should be sent to you within 30 days from the Division of Medical Assistance. IMPORTANT: The benefit notice has two parts. The 1st part explains if you are eligible for MassHealth benefits; the 2nd part states if you qualify for HSN. If you have not received a written notice or need more information, please return to the BNHC for assistance.

file a written grievance for review of the MA-21 determination of denial of HSN or medical hardship benefits with all supporting documentation to: Division of Health Care Finance and Policy, Health Safety Net Office, Two Boylston St, Boston, MA 02116. For all grievances, the Office may request additional information from the grievant, other state agencies, and/or the Brockton Neighborhood Health Center. Additional information requested by the Office must be submitted within 30 days.
Accepted Insurance

Fees Based On Ability To Pay

The Brockton Neighborhood Health Center serves all patients regardless of their inability to pay. Patients may be eligible for a sliding fee discount or Free Care for essential services depending upon their family size and income. See one of our staff in the Intake Department to discuss the required documents and the application process required for determining eligibility. We welcome patients without health insurance.

We Are Providers Of:
- Blue Cross Blue Shield/HMO Blue
- BMC Healthnet
- CeltiCare Health Plans of Massachusetts
- Children’s Medical Security Plan
- Commonwealth Care Products
- First Health
- Health Safety Net
- Healthy Start
- Harvard Pilgrim Health Care
- Mass Health
- Medicare (Eligible Seniors may not have to pay the 20% Medicare co-pay)
- Neighborhood Health Plan
- Network Health
- Senior Whole Health
- Tufts Senior Care Options
- Tufts PPO
- Fallon Senior Care Options
- Provider Network Alliance

Dental:
- Dental Blue
- Delta Dental
- Doral CCHIP
- Doral MassHealth
- Guardian
- Unicare/Wellpoint

Mental Health:
- Cenpatico
- Beacon Health Strategies
- Mass Behavioral Health Partnership (MBHP)
- United Behavioral Health
- Value Options
We Accept Most Commercial Insurance. Patients may be subject to out of network deductibles. See the following documents regarding some of the state sponsored programs for benefit coverage. Please call your insurance provider to get a list.

BROCKTON NEIGHBORHOOD HEALTH CENTER
508-559-6699

Health Safety Net (FREE CARE)

If you need health care but cannot afford to pay for it, you may be eligible for Health Safety Net Full, Partial or Secondary benefits. The Health Safety Net services are NOT available at most private physician offices. However, it IS available at the Brockton Neighborhood Health Center and at neighboring hospitals in the Brockton area.

What does Health Safety Net cover? What does it not cover?
Health Safety Net (HSN) covers inpatient (overnight), outpatient (walk-in), emergency medical services AND NOW PHARMACY. All prescriptions written by our providers or to a referred provider are covered by HSN with small co-pay. If your application for medical benefits is approved for HSN, most other medically necessary services performed at the health center will be covered. Unfortunately, physician services at private offices outside of the BNHC and hospital tests that are read by private physicians are not covered by HSN. Be aware that not all facilities that the health center refers you to will have HSN benefits. In addition, patients that qualify for Partial HSN are responsible for the lab and hospital charges in FULL that are processed outside the BNHC up to their deductible amount. Once your deductible is met, you will be eligible for Full HSN benefits.

How do I know if I am eligible for Full, Partial or Secondary Health Safety Net?

- If you are eligible for Limited MassHealth, you will also be eligible for Health Safety Net that those programs do not cover.
- If you are enrolled in MassHealth now, but you were not eligible for medical services at the time of your visit, you may be eligible for HSN for dates prior to that eligibility. Check with our staff so that they can run a REVs for old dates of service.
- If your family income is 200% or less of the Federal Poverty Guidelines, you are eligible for Full HSN.
- If your Family income is 201% to 400% of the Federal Poverty Guidelines, you may be eligible for Partial HSN.
- If your income is up to 400% of the Federal Poverty Guidelines and you have other private insurance, you may be eligible for Secondary HSN for deductibles. HSN does not reimburse for private or public copays.
- If your income is up to 400% of the Federal Poverty Guidelines and you have Medicare insurance with no coverage for the 20% co-insurance, HSN will pay up to the patient responsibility.
- At any income level, based on your financial/medical hardship, you may be eligible for HSN or Partial HSN.

Can Immigrants get Full or Partial Health Safety Net?
Yes! Anyone, regardless of his or her immigration status, who resides in Massachusetts, can get Full or Partial HSN.

How do I apply for Health Safety Net?
To apply for HSN you must complete a Massachusetts Member Benefit Request (MBR) at the Brockton Neighborhood Health Center and supply income documentation. Examples of accepted income documentation are: your last Federal tax return, two pay stubs for all family members, a letter from your employer, etc. You can apply for benefits within our Pre-Registration or Intake Departments. Our staff
will also help you with any re-determination needs in the future to ensure continuity and lack of disruption of your care.

**After I apply for Health Safety Net, how long do I have to wait for an answer?**
The Office of Medicaid/Division of Medical Assistance will notify you within 30 days, most times sooner, upon completing a MBR application. By applying, you may receive approval in other public programs. If you do not understand the determination letter, feel free to return to the Brockton Neighborhood Health Center’s Intake Department for clarification. The Health Safety Net approval is noted on the second/back page of the notification letter.

**What about other public insurance plans?**
The staff at the Brockton Neighborhood Health Center are trained to assist you in many other public insurance plans like: MassHealth, Healthy Start, Children’s Medical Security Plan, and Commonwealth Care. Someone at the Health Center can help you decide the best plan that will meet your health needs. The final determination of program coverage is made by the Office of Medicaid.

**Do I have to apply for Health Safety Net every time I need to go to the health center?**
No. Your application will be approved for up to a one (1) year period. Once your application for HSN is approved, you will have HSN at all participating health centers and hospitals. HSN does not cover private physician offices or private physicians that read test results. You no longer need to do multiple applications for multiple sites. In fact, it is now a single application for the family unit.

**How much will I have to pay if I qualify for Partial Health Safety Net?**
A reviewer can assist you in your application process. You may be subject to an annual family deductible, as well as, be responsible for a percentage of your office visit charges. Once your application has been completed, you will receive a letter from the Office of Medicaid explaining your deductible amount and percentage due. Laboratory specimens that are forwarded to the hospital are NOT covered under partial HSN.

**How do I qualify for “medical hardship?”**
People of any income level may qualify for medical hardship if their medical bills are so large that paying them would cause significant financial hardship. To qualify for medical hardship, your medical expenses must exceed a set percentage of gross income listed below.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage of Gross Income</th>
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<tbody>
<tr>
<td>0-200% FPG</td>
<td>10%</td>
</tr>
<tr>
<td>201-300% FPG</td>
<td>15%</td>
</tr>
<tr>
<td>301-400% FPG</td>
<td>20%</td>
</tr>
<tr>
<td>401-600% FPG</td>
<td>30%</td>
</tr>
<tr>
<td>&gt;601% FPG</td>
<td>40%</td>
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**Can I appeal the decision of the health center?**
Yes! If you have been denied Full, Partial or Secondary Health Safety Net, you can appeal that decision. To do so, you must send a written complaint to:

Division of Health Care Finance and Policy  
2 Boylston Street  
Boston, MA 02116  
OR  
Fax appeal to: 617-210-5820

The Division must notify you in writing of its decision within 30 days of receiving all information from the health center and you.

If you have any further information, please do not hesitate to ask one of our staff. They will be more than willing to help you.
### Other Sources of Information

<table>
<thead>
<tr>
<th>MassHealth</th>
<th>Health Safety Net (formerly Free Care)</th>
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</table>
| Executive Office of Health and Human Svcs  
Office of Medicaid  
One Ashburton Place, 11th Floor  
Boston, MA 02108  
617-573-1600  
Fax 617-573-1895 (Legal)  
[www.mass.gov/eohhs](http://www.mass.gov/eohhs)  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth) | Health and Human Services  
Division of Healthcare Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Health Safety Net Help Line: 617-988-3222  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp) |
| **Childrens Medical Security Plan (CMSP)**  
800-909-2677  
[www.cmspkids.com](http://www.cmspkids.com) | **Healthy Start Program**  
888-488-9161  
[www.hspnoms.com](http://www.hspnoms.com) |
| **Neighborhood Health Plan**  
MassHealth Managed Care Organization (contracted with the BNHC)  
253 Summer Street  
Boston, MA 02210  
800-462-5449  
[www.nhp.org](http://www.nhp.org) | **Senior Whole Health**  
MassHealth eligible seniors (contracted with the BNHC)  
58 Charles Street  
Cambridge, MA 02141  
888-794-7268  
[www.seniorwholehealth.com](http://www.seniorwholehealth.com) |
| **Network Health**  
1-888-257-1985  
101 Station Landing, Fourth Floor  
Medford, MA 02155  
[www.network-health.org](http://www.network-health.org) | **Boston Medical Center Healthnet**  
MassHealth members 1-888-566-0010  
CCHIP members 1-877-957-5300  
Two Copley Place, Suite 600  
Boston, MA 02116  
617-748-6000  
[www.bmchp.org](http://www.bmchp.org) |
| **MassHealth Customer Service Center**  
800-841-2900  
Fax 617-350-3489 | **Community Resources Information, Inc.**  
Information about the many types of assistance available to Massachusetts residents  
[www.massresources.org](http://www.massresources.org) |
| **Commonwealth Care Health Insurance Options**  
1-877-623-6765  
[www.mahealthconnector.org/portal/site/connector](http://www.mahealthconnector.org/portal/site/connector) | Mail completed MBRs:  
MassHealth Enrollment Center:  
Central Processing Unit  
PO Box 290794  
Charlestown, MA 02129-0214  
To download Medical Benefit Request (MBR) form:  

Revised: 3/31/10
"All of us working together"