

EDC

Employer Direct Care

The Employer Direct Care (EDC) office welcomes you as a new patient!

We want you to have the best possible experience! This clinic is unique and functions slightly different than traditional primary care offices. All appointments are scheduled. We do not double book in order to allow sufficient time with each patient. Our appointment times are also twice as long as the average primary care office. EDC strives to offer health care that is personal and not rushed. In order to achieve this goal, walk-in visits will be accommodated as much as possible. Other services are also offered in the clinic such as drug screens and lab draws. Therefore, you may not be taken back in the order that you have arrived.

For your initial appointment, please arrive 10 min early to complete and review any necessary forms. This packet contains those items for completion prior to arrival. To expedite your registration, please have the following with you:

- Legal photo ID (needed at every visit)
- Medication bottles (needed at every visit)
- Insurance card
- New patient forms
- Legal Guardianship/Custody documents, if applicable

CONTROLLED MEDICATIONS: In order to provide optimal care, EDC does not store or prescribe controlled substances such as narcotic pain medication and anxiety medications. If you are currently on one of these medications, be prepared to discuss this with the provider. EDC is happy to make appropriate referrals to help you receive the specialized care that you require.

EXTENDED HOURS AND SAME DAY APPOINTMENTS: We try to offer same day appointments for unexpected illnesses. These are on a first come first serve basis and walk-ins will be seen as able. During peak cold and flu season, these spaces fill up fast. Your insurance carrier also offers access to telephone and virtual care for non-emergent concerns. Please utilize this service after clinic hours. Wilson Health also offers an urgent care for after hours and weekend care. When possible, please call the EDC first and we are happy to assist you in choosing the right place for you.

SURVEYS: You may receive a survey about your care. These surveys are very important to us and we take your comments seriously. Please take the time to respond to any surveys you may receive via mail or email.

ADDITIONAL INFO: EDC does offer many common chronic and daily medications. Most chronic medications require routine monitoring that may include physical exams and laboratory tests. You do have the option to continue care with your primary care provider and use EDC. In order to safely prescribe these medication from the clinic, you may be required to have a visit with the provider and obtain any necessary testing. If you have recent labs from another provider, please bring them with you to your visit.

If you are more than 10 minutes late to your appointment, we may ask you to reschedule as to not disrupt the next patient's appointment.

On behalf of your employer, EDC staff and Wilson Health, we thank you for choosing us to help manage your care.

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Employer Direct Care

Name: _____ Date of Birth: _____ SS#: _____

Address: _____ Phone: _____

Policy Holder Employer: _____

Have you EVER had any of the following?

	YES	NO		YES	NO
Asthma/COPD/ Breathing Problems			Heart Disease/Disorder		
Arthritis			Liver Disease		
Bleeding/Clotting Disorders			Kidney Disease		
High Blood Pressure			Neurologic Disorders		
Bowel/Stomach Problems			Psychiatric (Mental Health) Conditions		
Cancer			Stroke		
High Cholesterol			Seizure/Epilepsy		
Diabetes			Thyroid Disorder		
Eye Disorders (cataract/glaucoma)			Urinary/GYN/Testicular Disorders		

Please list all past surgeries/hospitalizations:

Procedure/Hospitalization	Date	Procedure/Hospitalization	Date

Please indicate any major conditions/illnesses that your immediate family members have ever had:

Relative	Condition/Description	Living?	If deceased, at what age?
Mother		Y N	
Father		Y N	
Sibling		Y N	
Other:		Y N	

Please list any allergies and reactions:

Allergy	Reaction	Allergy	Reaction

Please list all prescription medications, over the counter medications and supplements:

Medication	Dose	Reason	Medication	Dose	Reason

**AUTHORIZATION FOR TREATMENT & DISCLOSURES OF
PROTECTED HEALTH INFORMATION**

The undersigned has been informed of medical treatment considered necessary for the patient whose name appears below and that the treatment and procedures will be performed by a Practitioner and/or employees of Wilson Care, LLC. Authorization is hereby granted for such treatments and procedures. By signing below you are granting consent to Wilson Care, Inc, and Employer Direct Care, operating as a clinically integrated healthcare arrangement composed of Wilson Memorial Hospital, Wilson Care, Inc., Physical Therapy, Home Health Care/Hospice and Wilson Memorial Hospital Medical Staff to use and disclose your protected health information for the purpose of treatment, payment and health care operations.

Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have the legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice at all main doors/offices.

You have the right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment, or health care operations. We are required by law to grant you access to your request. However, if we do decide to grant your request, we are bound by our agreement.

_____ Notice of Privacy Practices _____ Patient Rights Received

Patient and/or Responsible Party Signature

Date

Witness

Date

EMPLOYER DIRECT CARE
PATIENT CONTACT/COMMUNICATION AUTHORIZATION FORM

Name: _____ DOB: _____

E-mail Address: _____

Home Address: _____

Authorization for Personal Disclosures (PHI): Our policy is not to disclose any of your private protected health information to your family or friends. We will be unable to release any information about your health care without your written consent. This includes information to parents, spouses, friends, or other relatives. If you wish to have your private health care or treatment information released to another individual, you must read and complete the following:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Legal Documents: Please complete the information below and provide the legal documents, if applicable. These will be entered into the electronic record.

Guardianship/Custody: Name: _____ Phone: _____

Healthcare Power of Attorney: Name: _____ Phone: _____

I authorize Employer Direct Care/WHMG to release information to the individual(s) named in this request. Method of release shall be pertinent to the need and may include photocopies, fax copies, personal, review, audio, video electronic or verbal communication to appropriate individuals. I understand that if this person or entity that receives the information is not a health care provider or health plan covered by privacy regulation, then information described above may be disclosed and is no longer protected by those regulations. I understand that the authorization will remain valid indefinitely unless otherwise revoked by me in writing. I also understand that I may revoke this authorization in writing at any time by notifying staff, except to the extent that action has already been taken in reliance on this authorization.

(Signature of Patient or Legal Representative)

(Date)

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FINANCIAL POLICIES

The purpose of this document is to help you understand what is covered at the EDC clinic.

The following company employees may utilize this clinic:

AM Leonard, Harmony Systems, Jackson Tube, Miami Valley Steel, Production Paint Finishes, RK Hydrovac, Superior Aluminum

- Employees, spouses and dependents that are covered under the employer sponsored healthcare may utilize EDC. Your physical exam, in office testing (RSV, influenza, urinalysis, urine pregnancy, Hgb A1C, occult blood, rapid strep) will be free of charge.
- If you require blood tests, they can be drawn in the clinic without charge. The specimens will then be sent on to the Wilson Health lab for testing and billed to your insurance.
- EDC can administer some medications in the clinic as needed (Tylenol, Ibuprofen, etc.) free of charge if required during that visit.
- EDC can offer many common prescription medications that can be dispensed from the clinic at no cost to you. At times, an acceptable alternative may be suggested. Please discuss this with the provider.
- Worker's Compensation injuries may also be evaluated and treated in the clinic, but will be billed to the employers BWC manager.

Patient Rights and Responsibilities

Patient Rights - The Patient has the right:

1. To impartial access to medically indicated treatment regardless of race, religion, sex, sexual orientation ethnicity, age or handicap.
2. To considerate and respectful care.
3. To receive information in a language he/she can understand including translation services for patients who do not speak English, are deaf, unable to speak or who are blind.
4. To participate in the development and implementation of his or her plan of care.
5. To request a discharge planning evaluation.
6. Or his/her representative has the right to make informed decisions regarding his/her care including being informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
7. To formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
8. To have a family member or representative of his/her choice along with his/her own physician notified promptly of his/her admission to the hospital.
9. To personal privacy.
10. To receive care in a safe setting.
11. To be free from all forms of abuse and harassment including physical and mental abuse and corporal punishment.
12. To confidentiality of his/her clinical records.
13. To access information contained in his/her clinical records within a reasonable time frame.
14. To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
15. To be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services.
16. To know the professional status of any person providing his/her care or services.
17. To know the reasons for any proposed change in the Professional Staff responsible for his/her care.
18. To know the reasons for his/her transfer either within or outside the hospital.
19. To know of the relationship of the hospital to other persons or organizations participating in the provision of his/her care.
20. To information regarding the process to file a grievance and prompt resolution of grievances.
21. To access the cost itemized, when possible, of services rendered within a reasonable period of time.
22. To be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
23. To have pain treated as effectively as possible.
24. To be informed of the visitation rights.
25. The patient's family has the right of informed consent for donation of organs and tissues.

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Patient Rights and Responsibilities

Patient Responsibilities - The Patient has the responsibility:

1. To provide those participating in his/her care with accurate and complete information about matters relating to his/her past and present healthcare.
2. To be respectful and considerate of the rights and property of other patients and staff.
3. To be responsible in a timely way regarding his/her financial obligations and information to the hospital.
4. To follow the hospital rules and regulations affecting patient care and conduct.
5. To inform the nurse or physician of any medication brought from home.
6. To accept responsibility for the consequences following a decision to refuse or alter prescribed treatment or instructions.
7. To refrain from the use of any drugs not prescribed or authorized by his/her provider and administered by staff.
8. To ask questions if he/she does not understand the course of treatment.
9. To refrain from the use of tobacco products on the clinic campus.
10. To provide a copy of any advanced directives to the clinic staff.
11. To care for all personal property that is kept in his or her possession during the clinic stay.

Questions or Concerns - We encourage you to share your concerns or questions with any staff person present during your visit with us. The patient advocate may be reached at 937-498-5542. A patient may also contact the Ohio Department of Health Complaint Hotline at 800-342-0553 or 246 N. High St., Columbus, Ohio 43215; Healthcare Facilities Accreditation Program at 312-202-8258 or 142 East Ontario St., Chicago, Illinois 60611.

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

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

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 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/.
- 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.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

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.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

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.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- 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.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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.
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Our Responsibilities

- 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.

Effective September 23, 2013

This Notice of Privacy Practices applies to the following organizations.

*Wilson Memorial Hospital
Wilson Home Health Care & Hospice
Wilson Care, LLC*

Julie A. Covault VP of Finance / Privacy Officer, jcovault@wilsonhospital.com, 937-498-5402

NEW!

**OPENING
FEBRUARY 3RD**

URGENT CARE

**Monday - Sunday
11:00 a.m. - 8:00 p.m.**

*Open 7 Days a Week -
No Appointment Necessary!*

**Offering treatment for common illnesses
and minor injuries:**

- Colds, Cough, Fever
- Flu Symptoms
- Minor Burns
- Minor Cuts
- Sore Throat
- Sinus Pain/Allergies
- Earache
- Poison Ivy, Insect Bites, Rashes
- Skin Infections
- Strains/Sprains
- Bumps and Bruises
- Minor Sports Injuries
- Work/Sports Physicals

Location:

915 W. Michigan Street
Medical Building A
Sidney, OH 45365

937-498-5334

www.wilsonhealth.org



WILSON HEALTH
Urgent Care