



Felton Health Care Specialists
Primary Care at Home

Our team of specialists is dedicated to optimal care of our patients, and that requires meticulous record-keeping. To keep our records current, we are asking you to complete and return the attached updated forms.

We ask that you fill out, sign, and return the *Registration and Treatment Authorization* form.

This packet contains 3 documents about Felton Health Care Specialists' services for you to keep:

- *Information about Felton Health Care Specialists*
- *Information about Chronic Care Management*
- *Notice of Privacy Policy*

Thank you for your help in keeping our records up to date so that we can provide excellent services to our patients and their families.

Please return the signed documents by online form, mail, email, or fax:

By online form:

<https://forms.office.com/r/bRySAwJTLg>

By mail return (envelope included):

Julia Ogburn
831 58th Street
Oakland, CA 94608

By email:

julia@feltonhealthcare.com

By fax:

855-862-1494

If you have any questions, please call Peg at (206) 471-9666. Thank you for your help in this matter.

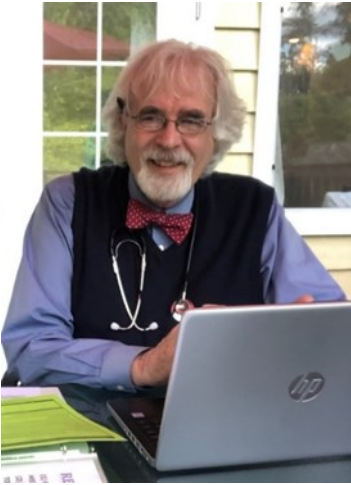
Sincerely,

A handwritten signature in black ink that reads "Peg Marckworth".

Peg Marckworth
Felton Health Care Specialists, PLLC



Felton Health Care
Primary Care at Home



Felton Health Care is an innovative medical practice that offers home healthcare for residents in adult family homes. We provide patient care for residents who prefer an on-site primary care medical provider. We see individuals routinely every two to three months, or as needed. We are available 24/7 by phone to patients, families, and caregivers.

How Felton Health Care Works with You

For Patients and Families

Families can trust that their loved ones are given the care that is needed in a timely manner. Our medical practitioners are always available to listen, explain and problem-solve. Felton Health Care provides early intervention and ongoing oversight. Client records are available to the family. This results in decreased time, cost, discomfort, and the inconvenience of traveling to medical appointments.

Rapid response

We answer the phone 24/7 and are on call for emergencies. We talk with family members on a regular basis and in emergencies. We listen, educate and problems solve. Prescriptions are called in a timely fashion and we provide 24-hour turnaround on patient care issues.

Appointments on-site

We see our patients where they live which results in less discomfort for patients and reduced inconvenience for patient, family, and caregivers. We intervene early when conditions are still treatable in the home which means there is no need to travel to medical appointments and fewer ER visits and hospitalizations.

We treat the person not the problem

Our services are individualized. The focus of care is twofold: prevention and quality of life. Our patients are seen regularly every two to three months, or as needed. Prescriptions are evaluated and managed, so they are always up to date. Records are current and understandable.



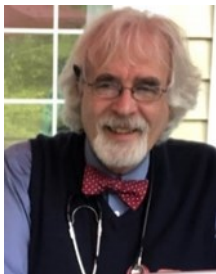
Felton Health Care
Primary Care at Home

Our team is dedicated to the belief that quality of care improves quality of life. We work with patients, families, and facility staff to achieve the highest quality of life for patients, so they can live with comfort and dignity.

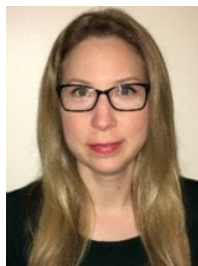
Our Philosophy of Care is that home bound individuals achieve higher levels of independence and safety when personalized services are provided by health care professionals in partnership with patients, their caregivers, and their families.

Our Clinical Staff

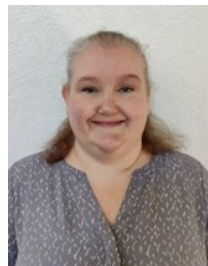
Steven Felton
ARNP, Director



Fallan Nirschl
DNP



Jessica Dines
DNP



Alix Jones-Alvey
DNP



Our Administrative Staff

Peg Marckworth, MSW
Chief Executive Officer



Julia Ogburn
Chief Operating Officer



Merrie Crawford
Health Information
Manager



Beth Edwards
Health Information
Assistant



Registration and Treatment Authorization

We understand that patient health information is personal. We are committed to protecting this information. We create a record of care and services. We need this record to provide care, receive payment of care provided, for health care operations, and to comply with certain legal requirements.

PATIENT DATA:

Name: _____

Nickname: _____

Sex: _____ Birth Date: _____ Social Security Number: _____

AUTHORIZATION:

I authorize Felton Health Care Specialists PLLC to provide Primary Care services to the above-named person.

I acknowledge that I received a copy of the Felton Health Care Specialists Patient Notice of Privacy Practices. Available here: <https://bit.ly/3OhjKyj>

I authorize Felton Health Care Specialists PLLC to furnish my insurance carrier(s) with any information they request to process my medical claims.

I authorize release of medical records to Felton Health Care Specialists PLLC to support the continuity of care.

I understand that HMO/PPO claims will be submitted on my behalf by FHCS after I have notified FHCS of membership and the necessary referral has been obtained.

I understand that any charges that are not a benefit of, or authorized by, my health plan are my responsibility.

By signing below, you agree to all of the above.

Signature: _____ Print Name: _____ Date: _____

RESPONSIBLE PERSON(S):

Name (print) _____ DPOA: Healthcare Finance

Signature _____ Date _____

Address: _____ City _____ State _____

Phone: _____ Email: _____

Name (print) _____ DPOA: Healthcare Finance

Signature _____ Date _____

Address: _____ City _____ State _____

Phone: _____ Email: _____



Felton Health Care Specialists
Primary Care at Home

Chronic Care Management

Felton Health Care Specialists PLLC offers all Medicare patients with two or more chronic conditions Chronic Care Management Services. Our goal is to make sure you get the best care possible from everyone involved with your care.

Chronic Care Management includes some or all of these services:

- Coordination of visits with other doctors, facilities, lab, radiology, or other testing
- Medication management
- Phone calls from the patient or family members about medical issues

We will provide you with a comprehensive care plan upon request.

Medicare allows us to bill for these services during any month that we have provided at least 20 minutes of non-face-to-face care of the chronic care management patient. The Patient, Patient's Power of Attorney, or Guardian must provide consent to participate once a year.

Sometimes other staff from our practice other than your primary care clinician will talk to you or handle issues related to your care, but please know that your primary care clinician will supervise all care provided by our staff or clinicians who may be involved in your care.

As the patient, patient's Power of Attorney, or Guardian you agree and consent to the following:

- As needed, we will share your health information electronically with others involved in your care. Please rest assured that we continue to comply with all laws related to the privacy and security of your health information.

We will bill Medicare for this chronic care management for you once a month. Medicare pays the majority of the cost, which averages \$40.00 to \$100.00 per month, based on the amount of time your Felton Health Care staff spend providing chronic care management. Any applicable cost sharing will be your responsibility.

- These charges apply for any month there was chronic care management.
- If you ever have a question about what we did each month, our office will have a record of the time we spent on chronic care management.
- Only one practitioner can bill for this service for you. Therefore, if another practitioner has offered to provide this service, you will have to choose which practitioner is best able to provide chronic care management. Please let your practitioner or our staff know if you have entered into a similar agreement with another practitioner/practice.

You have a right to:

- A Comprehensive Care Plan from our practice to help you understand how to care for your conditions so that you can be as healthy as possible.
- Discontinue this service at any time for any reason. Because your signature is required to end your chronic care management services, please ask any of our staff members for the CCM termination form. Our goal is to provide you with the best care possible, to keep you out of the hospital, and to minimize costs and inconvenience to you due to unnecessary visits to doctors, emergency rooms, labs, or hospitals. We know your time and your health are valuable, and we hope that you will consider participation in the program with our practice.

Notice of Privacy Policy

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments, **this notice describes how health information about you may be used and disclosed, and how you can get access to this information.**

ABOUT THIS NOTICE

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive by Felton Health Care Specialists PLLC. We need this record to provide care, receive payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

WHAT IS PROTECTED HEALTH INFORMATION (“PHI”)

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

- **Treatment.** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to the facility in which you reside, a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician, facility, or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- **Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **Health Care Operations.** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact

you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

- **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**
- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Your Written Authorization if Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Practice Administrator and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is

not readily producible in the form or format you request your record will be provided in a readable hard copy form.

- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Request Amendments.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Practice Administrator at the address provided in the footer of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Practice Administrator. The first accounting of disclosures you request within any 12- month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the list. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Practice Administrator. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.
- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by visiting our website: www.feltonhealthcare.com.
- **Changes to This Notice.** We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.
- **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the **Felton Health Care Specialists, PLLC**, Practice Administrator, at the address listed in the footer of this Notice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Humans Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. **You will not be penalized for filing a complaint.**