

Patient Handbook

*Important Information
Regarding Your Care*



Cornell Scott
Hill Health
Center

400-428 Columbus Avenue, New Haven, CT 06519
(203) 503-3000 • www.cornellscott.org •   

Welcome to the Patient Handbook.

Thank you for choosing the Cornell Scott-Hill Health Center. We know that you have choices when seeking care and we want to thank you for choosing us.

We are committed to providing you with the highest quality of care and service possible. As part of that commitment, we have created this patient handbook, which contains important information regarding your care with us.

Please review this book carefully. If you have any questions, please ask your provider or another member of the Cornell Scott-Hill Health Center team.

In this Guide:

- **Sliding-fee Discount Program**..... page 3
- **Patient Rights and Responsibilities** page 7
- **Attendance Policy** page 10
- **Notice of Privacy Practices** page 11
- **Emergency Closings** page 20
- **Language Assistance** page 20
- **Employee Code of Conduct** page 21
- **Your Personal Records (cut out)**..... page 23

Sliding-fee Discount Program

The health center's Sliding-fee Discount Program is available to anyone as long as you qualify based on income and family size. Call 203-503-3683 to meet with an Eligibility Representative.

What is the Sliding-fee Discount Program?

The Cornell Scott-Hill Health Center seeks to make its services more affordable for anyone who qualifies based on income and family size. Typically the discount program benefits individuals who are uninsured, have high deductibles, or have low income.

This program provides a discount off of the health center's normal charges and applies to most, but not all, of the health center's services.

If you think you may qualify, please review the following pages carefully as it provides all the information you need to get started.

How does the Sliding-fee Discount Program work?

We review your current income and family size to see if you qualify for the program.

Is the Cornell Scott-Hill Health Center a free clinic?

No, we are not a free clinic. There is a charge for the healthcare services that we provide. However, because we are a Federally Qualified Health Center, we are able to offer reduced rates to people who qualify and no one will be turned away based solely on their ability to pay.

How do I get started?

The first step is to meet with one of our Eligibility Representatives located at each of our care sites. At our Columbus Avenue location, you may schedule an appointment by calling this number: 203-503-3683.

What do I need to bring with me?

In order to apply, you will need to provide the following materials and information:

- Proof of Medicaid coverage denial during the prior 90 days (example: letter of denial).
- Photo identification and a recently postmarked (within previous 30 days) piece of mail indicating a current address (example: utility bill, bank statement, etc). If you are a homeless individual, our Homeless Healthcare Program will assist you.
- Proof of household income and family size. (example: Federal tax return, recent paystubs, etc). For pay stubs, four current and

consecutive stubs are needed if you are paid weekly. If paid bi-weekly, two current and consecutive stubs are needed.

- If you are married or have a family, you will need to provide identification and proof of income for everyone in the family.

What happens next?

1. The eligibility representative will determine if you qualify and if so, your level of discount.
2. There are five discount levels, based on annual income and family size. The discount is off of our standard charges and will remain valid for one year after the date of application, unless you qualify for or acquire insurance coverage in the interim.
3. We will notify you, in writing, if you qualify for our discount program.
4. Once approved, you must report any change in your income, family size or insurance status.

What are the income guidelines?

The Cornell Scott-Hill Health Center sliding-fee discount program offers five discount levels (Category A, Category B, Category C, Category D and Category E) based on federal poverty guidelines. To find out which discount level you qualify for, use the chart below.

Family size <i>Tamaño de la familia</i>	Category A <i>Categoría A</i> 0-100%	Category B <i>Categoría B</i> >100%-125%	Category C <i>Categoría C</i> >125%-150%	Category D <i>Categoría D</i> >150%-175%	Category E <i>Categoría E</i> >175%-200%
1 person <i>1 persona</i>	\$0-\$11,670	\$11,671-\$14,588	\$14,589-\$17,505	\$17,506-\$20,423	\$20,424-\$23,340
2 people <i>2 personas</i>	\$0-\$15,730	\$15,731-\$19,663	\$19,664-\$23,595	\$23,596-\$27,528	\$27,529-\$31,460
3 people <i>3 personas</i>	\$0-\$19,790	\$19,791-\$24,738	\$24,739-\$29,685	\$29,686-\$34,633	\$34,634-\$39,580
4 people <i>4 personas</i>	\$0-\$23,850	\$23,851-\$29,813	\$29,814-\$35,775	\$35,776-\$41,738	\$41,739-\$47,700
5 people <i>5 personas</i>	\$0-\$27,910	\$27,911-\$34,888	\$34,889-\$41,865	\$41,866-\$48,843	\$48,844-\$55,820
6 people <i>6 personas</i>	\$0-\$31,970	\$31,971-\$39,963	\$39,964-\$47,955	\$47,956-\$55,948	\$55,949-\$63,940
7 people <i>7 personas</i>	\$0-\$36,030	\$36,031-\$45,038	\$45,039-\$54,045	\$54,046-\$63,053	\$63,054-\$72,060
8 people <i>8 personas</i>	\$0-\$40,090	\$40,091-\$50,113	\$50,114-\$60,135	\$60,136-\$70,158	\$70,159-\$80,180

What are the discount levels?

	Categories / Categorías				
	A	B	C	D	E
Medical Visit <i>Visita médica</i>	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00
Title X Family Planning Visit <i>Título X visita de planificación familiar</i>	-0-	\$40.00	\$60.00	\$80.00	\$100.00
OB/GYN Procedures <i>Procedimientos de Obstetricia y Ginecología</i>	25%	40%	60%	80%	90%
Dental Visit <i>Visita al dentista</i>	65%	70%	75%	80%	90%
Behavioral Health (BH) Visit <i>Visita de salud mental (BH)</i>	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00
BH Group Visit <i>Visita grupal de BH</i>	\$20.00	\$30.00	\$40.00	\$50.00	\$55.00
IOP/PHP <i>IOP/PHP</i>	\$50.00	\$100.00	\$150.00	\$200.00	\$250.00
Methadone Maintenance <i>Mantenimiento con metadona</i>	\$20.00	\$25.00	\$30.00	\$40.00	\$50.00
Pharmacy Scripts <i>Documentos de farmacia</i>	Greater of \$3.00 or cost + 7.5% + \$2.50	Cost + 15% + \$5.00	Cost + 22.5% + \$8.00	Cost + 25% + \$11.00	Cost + 30% + \$15.00
Laboratory Services <i>Servicios de laboratorio</i>	20%	35%	50%	70%	90%

Is there a temporary discount offered?

A temporary discount is available to you if you are in the process of applying for Medicaid or verifying Medicaid denial, income status or other requirements. The temporary discount period is 14 days and cannot be renewed. Your Eligibility Representative will work with you on getting a temporary discount.

I am on a Medicaid spend-down. Do I qualify for the sliding fee discount program?

Yes, depending on your income level and family size you may qualify for the sliding-fee discount program. If you do, you would only pay the discounted amount for any healthcare services covered by the sliding-fee discount program. For example, if the cost of your visit is \$200, but you qualify for the Category A sliding-fee discount, you will only pay \$20 for the medical visit. The amount you pay is also applied to your spend-down. Using the example above, your payment of \$20 would be applied to your spend-down.

What are the payment requirements?

There are co-payments required with the sliding-fee scale program regardless of the discount level. These payments are required at the time of registration for each visit. (Please see page 5 for patient copayment amounts). Additional terms include:

1. Account balances may not exceed \$200.
2. We may elect to offer you an extended payment plan over a six-month period, but only with the approval of a designated manager, and the condition that the balance is less than the \$200 credit ceiling.
3. You may have only one extended payment plan at any given time.
4. If you are on an extended payment plan and your bill is returned to us by the U.S. Postal Service, you will no longer be able to be billed for services. You will have to pay for services at the time you receive them.

Patient Identification – Why is this so important?

We want to protect your information and your identity. You must provide at least two forms of identification during registration on each occasion of service. This helps prevent someone else from pretending to be you and taking advantage of your eligibility or stealing your identity.

If you are homeless and do not have two forms of identification, our Homeless Healthcare Program will work with you.

At least one photo identification is required (e.g., Driver's License, Passport, Visa, Green Card, School ID). A recently postmarked (within previous 30 days) piece of mail (e.g., utility bill, bank statement) is acceptable as a second form of identification. However, it cannot be used in place of a photo ID. **A photo ID is required.**

Patient Rights and Responsibilities

The Cornell Scott-Hill Health Center is honored to be your healthcare home. The following describes your rights and responsibilities as a client of the health center. You should know what your rights and responsibilities are because each of us has a role to play in making you feel better.

If you have any questions about your rights or responsibilities, please do not hesitate to contact the Site Manager where you received services. The Site Manager is here to listen to your concerns and to assist you with problems you experience while receiving care at any of the Cornell Scott-Hill Health Center locations.

If concerns cannot be resolved with the Site Manager or the patient grievance resolution process, you may call The Joint Commission's Office of Quality Monitoring toll-free at (800) 994-6610 or email your complaint to: complaint@jointcommission.org.

As a patient you have the right to:

- tell somebody how bad your pain is, so that they can help you manage the pain.
- have somebody tell you about medicines, including: What is it for? What is the right way to take it and for how much time? What side-effects are likely or possible?
- have a primary care provider who is in charge of your care if you have more than one health problem, are seeing specialists or if you go into the hospital.
- have a family member or friend with you during your treatment.
- have somebody tell you about why a test or treatment is needed, how it will help you, and the results of that test.

- receive enough information from your provider about your treatment in simple words that you can understand in a language you can understand. If you say “no” to a treatment, somebody must tell you about possible medical outcomes.
- receive the best possible healthcare even if you cannot pay for everything. Sometimes, another facility may have services that the Center does not have. You will be referred to that facility after you have received complete information.
- say “no” to treatment or medications under certain conditions.
- have someone review your situation if we refuse you care.
- receive information about help in paying for your healthcare.
- receive care in a safe, private place that is easy to get to if you are disabled.
- read and get a copy of your medical record.
- have people act with consideration and respect toward you. To expect your health information to be kept private.
- know the name and position of the provider who is caring for you. No provider should begin treatment without saying his/her name and position.
- have a person of the same sex with you when you are being treated by a person of the opposite sex.
- have people tell you about policies and procedures, fees and charges for services provided by the Center. When referrals are made to other agencies, you should get an explanation of your responsibilities.
- receive an appointment time that is convenient for you. You should not have to wait too long for services without an explanation.
- receive an explanation about your bill.
- be heard if you have suggestions or want to complain and to have somebody tell you how to make a complaint, and not be afraid that someone will make trouble for you.
- have no discrimination against you because of your race, skin color, religion, sexual orientation, gender identity or expression, marital status, veteran status, disability, national origin, ancestry, language, sex, age or source of payment.

As a patient you are responsible for:

- giving information to your provider about past illnesses, hospitalizations, medications, including prescriptions, over-the-counter medications, vitamins, herbs, or any other drug you may be taking, and other things related to your health.
- telling your provider about any allergies and bad reactions you have had to medication.
- telling your provider about past or present problems with use of pain medicine.
- cooperating with all health workers and professionals and asking questions if you do not understand.
- what happens to you if you say “no” to treatment or if you do not follow medical instructions.
- treating providers and other workers with dignity and respect, and respecting the property of other persons and Cornell Scott-Hill Health Center.
- making and keeping your appointment or telling the Center as soon as possible if you cannot keep an appointment.
- giving information necessary for bills to be paid by your medical insurance and for knowing that you have the final responsibility to pay all bills. The Center will correct any errors in the bill. You must pay the bill when the Center asks you to pay it.
- bringing the Medicaid or Medicare card that you have right now, or any required insurance billing information on each visit to the Center.
- telling the Center when there are any changes in address, phone number, household information, or family income.

Attendance Policy

- A “no-show” occurs when a patient fails to appear within 15 minutes after a scheduled appointment.
- Patients are expected to cancel appointments at least 48 hours (2 days) before the appointment time. Otherwise, they will be considered a “no-show”.
- Patients will be called as a reminder at least 48 hours before each scheduled appointment. Patients will be informed about the requirement to confirm appointments at the time appointments are scheduled.
- Any patient who fails to cancel, as specified above, or fails to appear for three appointments within one-year will not be permitted to schedule another appointment. Patients will be called on each occasion after they fail to appear for a scheduled appointment.
 - Within three days, a member of CS-HHC’s registration staff will call after a patient’s first missed appointment.
 - Within five days, a Site manager will call after a patient’s second missed appointment.
 - Within five days, the responsible Chief of a department or his/her designee will call after a patient’s third missed appointment. After a review of the patient’s medical history and at the Chief’s discretion, s/he can inform the patient that CS-HHC will not schedule additional appointments for that patient. (Note: Within five days after the telephone call, the Chief will issue a letter to the patient that documents this conclusion. If a Chief concludes that termination is warranted, the termination process and communication should be carried out consistent with CS-HHC Policy LD 107 “Termination or Denial of Services.” This letter will be incorporated into the patient’s medical record).

Appointments cancelled or rescheduled by CS-HHC (e.g., weather closures, emergency conditions, absence of providers) do not count against a patient’s attendance record.

- CS-HHC will see previously terminated patients on an emergency basis for a period of 30 days after their effective date of discharge consistent with CS-HHC Policy LD 107 “Termination or Denial of Services.”

Notice of Privacy Practices

The healthcare professionals at Cornell Scott-Hill Health Center provide exceptional care for you, your family and friends – everyone who walks through any door at the Center.

We are accredited by The Joint Commission holding us to the highest standards and practices in safe and effective care. All patient care is overseen and supervised by a team of health-care professionals. Residents, fellows, students and graduate students of health-care profession schools may participate in examinations or procedures and in the care of patients as a part of the health-care education programs of the institution.

This Notice applies to information and records regarding your health care maintained at Cornell Scott-Hill Health Center.

Our pledge regarding your medical information

Cornell Scott-Hill Health Center is committed to protecting medical information about you. We create a record of the care and the services you receive for use in your care and treatment.

This Notice tells you about the ways we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure your medical information is protected;
- Give you this Notice describing our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

How we may use and share medical information about you

The following sections describe different ways that we may use and share your medical information with other people. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions related to its use and disclosure. We follow all applicable state and federal laws related to the protection of this information. Not every use or disclosure

will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

For treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, clinicians, residents or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information about you with other health center personnel or with non-health center providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our health center who may be involved in your continuing medical care after you leave our facility, such as other healthcare providers, transport companies, community agencies and family members.

For payment:

We may use and disclose medical information about you so that treatment and services you receive at our health center or from other entities, such as an ambulance company, may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about treatment you received. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.

For health-care operations:

We may use and disclose medical information about you for our operations. These uses and disclosures are made for quality of care and medical staff activities. Your medical information may also be used or disclosed to comply with laws and regulations, for contractual obligations, patients' claims, grievances or lawsuits, health-care contracting, legal services, business planning and development, business management and administration, underwriting and other insurance activities, and to operate the health system. For example, we may review medical information to find ways to improve treatment to our patients. We may also disclose information to doctors, nurses, clinicians, medical and other health system personnel for performance improvement and educational purposes.

Appointment Reminders:

We may contact you to remind you that you have an appointment at the Cornell Scott-Hill Health Center.

Treatment Alternatives:

We may tell about or recommend possible treatment options or alternatives that may be of interest to you.

Health-related benefits and services:

We may contact you about benefits or services that we provide.

Fund-raising activities:

We may contact you to provide information about Cornell Scott-Hill Health Center sponsored activities, including fund-raising programs and events. We would only use contact information, such as your name, address, phone number and the dates you received treatment or services at our health center.

News-gathering activities:

A member of your health-care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. News reporters often seek interviews with patients receiving a particular treatment. A member of our media relations team will always seek and obtain your permission prior to any news or media-related activity takes place. If you agree to have your comments and/or your photo taken or be videotaped, you will be asked to sign a release form indicating your approval.

Individuals involved in your care or payment for your care:

We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative or any individual you identify. We may also give information to someone who helps pay for your care.

Disaster-relief efforts:

We may disclose medical information about you to an entity assisting in a disaster-relief effort so that your family can be notified about your condition, status and location.

Research:

Cornell Scott-Hill Health Center participates in research. All research projects conducted by Cornell Scott-Hill Health Center must be approved

through a special review process to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of federal and state law.

On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions and indicate your willingness to participate by signing a consent form.

When approved through a special review process, other studies may be performed using your medical information without requiring your consent. These studies will not affect your treatment or welfare, and your medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

As required by law:

We will disclose medical information about you when required to do so by federal or state law.

To avert a serious threat to health or safety:

We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Military and veterans:

If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

Workers' compensation:

We may use or disclose medical information about you for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public-health disclosures:

We may disclose medical information about you for public-health purposes. These purposes generally include the following:

- Preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- Reporting vital events such as births and deaths;
- Reporting child abuse or neglect;
- Reporting adverse events or surveillance related to food, medications or defects or problems with products;
- Notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance; and
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

Health-oversight activities:

We may disclose medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

Legal proceedings:

We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

Lawsuits and other legal actions:

In connections with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law enforcement:

If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- To identify or locate a suspect, fugitive, material witness or missing person;

- About a suspect victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at Cornell Scott Hill Health Center; and
- In case of a medical emergency, to report a crime; the location of the crime or victim; or the identity, description or location of the person who committed the crime.

National-security, intelligence activities and protective services for the President and others:

As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national-security activities.

Inmates:

If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

Your rights regarding medical information about you

Your medical information is the property of the Cornell Scott-Hill Health Center. You have the following rights, however, regarding medical information we maintain about you.

Right to inspect and copy:

With certain exceptions, you have the right to inspect and/or receive a copy of your medical information.

To inspect and/or to receive a copy of your medical information, you must submit your request in writing to the Health Information Management Department, Cornell Scott-Hill Health Corporation, 400 Columbus Avenue, New Haven, Connecticut 06519. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another licensed healthcare professional chosen by Cornell Scott-Hill Health Center will review your request and the denial. The person conducting the review

will not be the person who denied your request. We will comply with the outcome of the review.

Right to request an amendment or addendum:

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for Cornell Scott - Hill Health Corporation.

Amendment:

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Cornell Scott-Hill Health Center;
- Is not part of the medical information kept by or for Cornell Scott-Hill Health Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.

Addendum:

To submit an addendum, the addendum must be made in writing and submitted to the Health Information Management Department, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519. An addendum must be no longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an accounting of disclosures:

You have the right to receive a list of disclosures we have made of your medical information.

To request this accounting of disclosures, you must submit your request in writing to the Health Information Management Department, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519.

Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions:

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health-care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about treatment you received.

To request a restriction, you must make your request in writing to the Health Information Management Department, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide emergency treatment.

Right to request confidential communication:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by mail.

To request confidential communications, you must make your request in writing to the Health Information Management Department, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes to Cornell Scott-Hill Health Center’s privacy practices and this Notice:

We reserve the right to change Cornell Scott-Hill Health Center’s privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy

of the current Notice at Cornell Scott-Hill Health Center. In addition, at any time you may request a copy of the current Notice in effect.

Questions or complaints:

If you have any questions about this Notice, please contact the Compliance Department, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519, telephone number (203) 503-3243.

If you believe your privacy rights were violated, you may file a complaint with the Cornell Scott-Hill Health Center or with the Secretary of the Department of Health and Human Services. To file a written complaint with the Cornell Scott - Hill Health Corporation contact the Patient Advocate, Cornell Scott-Hill Health Center, 400 Columbus Avenue, New Haven, Connecticut 06519, telephone (203) 503-6311. You will not be penalized for filing a complaint.

Other uses of medical information

Other uses and disclosures of medical information not covered by the Notice will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission, and we will retain our records of the care provided to you as required by law.

Emergency Closings

Unfortunately, at times, an emergency situation (e.g., bad weather) may force the health center to change its normal operating hours. In these instances, the health center will provide information on its status (opened/closed) on:

- The health center's website: www.cornellscott.org;
- The health center's recorded hotline: 203-503-3196; and
- The health center's Facebook and Twitter pages.

If the health center is closed and you have a scheduled appointment, please call 203-503-3000 to reschedule when the health center reopens.

Language Assistance

We recognize that language can be a barrier to care. That is why we have several resources available for clients who do not speak English including:

- Multilingual staff;
- Materials printed in English and Spanish; and
- A language line for translation services.

If you need assistance with translation, please do not hesitate to ask your provider.

Employee Code of Conduct

Our staff is committed to delivering the highest quality of care in a courteous and respectful manner. In fact, each staff member must follow the Center's Code of Conduct, which outlines the principles for patient care along with other work-related values to which the health center is committed. For more information, please review the Code of Conduct below:

- Consistent with our mission statement, we will continually strive to provide our patients and clients with the best available medical, dental, behavioral health and preventive care.
- We will provide patient care without regard to race, color, religious creed, ancestry, national origin or citizenship, age, sexual orientation, gender identity or expression, marital status, mental or physical disability, veteran status, financial status or ability to pay. We will respect patients' dignity, privacy and cultural values.
- We will treat patients' protected health information with the highest degree of confidentiality, consistent with federal and state laws and CS-HHC procedures.
- We will avoid conflicts of interest. Personal, outside interests will not interfere with the interests of the Center. We will not use our position, corporate property or information obtained as a result of our position for personal gain or improper purposes. Providers will not refer patients for treatment to a practice in which they, a relative or a close associate has a financial interest. We will not give, accept or solicit gifts, gratuities or professional courtesies that are contrary to the CS-HHC Gifts and Gratuities Policy. We will not accept or offer any bribe, kickback, gratuity or other payment made to influence a business decision. We will not offer anything of value to a government official or other third party in an effort to influence business or to gain special treatment as an individual or an organization.
- We will comply with all applicable laws and regulations. We are responsible for knowing what laws apply to our work. We will report fraud or other illegal activity through appropriate compliance procedures, and we will not retaliate against individuals who report fraud or wrongdoing in good faith.

- We will deal fairly and honestly in our business and professional relationships with patients, other employees, contractors and public officials.
- We will bill public and commercial healthcare insurers for necessary and appropriate treatment that we actually provide in accordance with the terms of our contracts and grants.
- We will show respect for patients, employees and others with whom we do business by providing clean, safe, and environmentally-sound clinical areas and work environments, free from discrimination and harassment. We will maintain a drug-free workplace.
- We will protect company assets and use them for business purposes only, without carelessness and waste.
- We understand that we are a tax-exempt organization and a Federally Qualified Health Center. This valuable status imposes certain restrictions on our conduct that are not applicable to other corporations or healthcare institutions. We will engage only in permitted political and fundraising activities in a manner that does not jeopardize our status.
- We believe we have a social responsibility to our neighbors and the communities that we serve, and we will strive to demonstrate that whenever possible.
- We will attempt to have our vendors, suppliers, independent contractors and other outside persons and entities comply with this Code of Conduct.
- If we are in doubt about something not explicitly covered in this Code, we take the high road and follow its spirit.

Adopted by the Board of Directors on June 2008



Name: _____

Allergies: _____

Medical Problems/Conditions: _____

Blood Pressure/Lipid Profile Charts

Date					
Total Cholesterol					
Triglycerides					
HDL (good cholesterol)					
LDL (bad cholesterol)					
Cholesterol/HDL Ratio					
Glucose - Fasting Y / N					
Blood Pressure	/	/	/	/	/

Date					
Total Cholesterol					
Triglycerides					
HDL (good cholesterol)					
LDL (bad cholesterol)					
Cholesterol/HDL Ratio					
Glucose - Fasting Y / N					
Blood Pressure	/	/	/	/	/

