



SHALOM HEALTH CARE CENTER, INC.

PROVIDING QUALITY HEALTH CARE THAT IS PATIENT-CENTERED, AFFORDABLE, AND ACCESSIBLE FOR ALL IN OUR COMMUNITY.

Welcome to Shalom Health Care Center!

On behalf of the health care providers and staff at Shalom, I want to welcome you as a new patient to our office. We want to be your medical home, the place where you come to be connected to full medical care. We will do all we can to help you and your family make good health care choices.

At Shalom, we offer primary care services for you and your family: routine screenings, illness care, health education, and counseling. Whether you have a long-term condition like diabetes or short-term symptoms like a runny nose or a stomach ache, we hope you will think of Shalom as your first step toward overall health.

Shalom welcomes patients with most Medicaid and Medicare plans, as well as patients with private insurance and those without insurance. Patients without insurance may be eligible to apply for a discount based on income. Be sure to ask a Shalom staff member to see if you or anyone in your family may qualify for this discount.

Again, welcome to Shalom! We look forward to helping you and your family meet your needs through affordable and accessible health care. If you have any questions regarding your care or our services, please call us at 317-291-7422.

Sincerely,

Leonardo R. Ortega, M.D., M.P.H.
Executive Director/CEO

The Center receives federal funding from Department of Health and Human Services (HHS) and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.



3400 Lafayette Road, Suite 200 • Indianapolis, IN 46222

PHONE: 317-291-7422 • CONFIDENTIAL MEDICAL FAX: 317-291-4912

www.ShalomHealthCenter.org



**Serving the
COMMUNITY**



**Providing Quality
HEALTH CARE**



**Committed
TO YOU**

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ADVANCE DIRECTIVE ACKNOWLEDGEMENT FORM

An Advance Directive is a legal document allowing a person to give directions about future medical care or to designate another person(s) to make medical decisions if one should lose decision making capacity.

1. You have the right to give written directions about future treatment **before** you become seriously ill or unable to make healthcare decisions. This is called an "Advance Directive".
2. You have the right to accept or refuse medical or surgical treatment.
3. An employee of the Shalom Health Care Center (SHCC) Patient Registration Department will provide you with information to help you develop an Advance Directive regarding your healthcare.
4. You are not required to make any Advance Directive about your future medical treatment. This practice is completely voluntary. It is entirely your choice.
5. You may consult your doctor, family, lawyer, or others before making a written Advance Directive.
6. If you decide to make an Advance Directive about future medical care, it will become a part of your medical record at SHCC. Photocopies of your fully executed and witnessed directive should be made for your personal records, your family members and your proxy and alternate if you have chosen them. The original or a copy should be furnished to your hospital of choice whenever you receive inpatient care.
7. You may revoke your Advance Directive at any time, in writing or simply by telling your attending physician or other healthcare provider or a witness, regardless of your physical or mental condition.

I understand my rights as set forth above. Please check one of the following statements:

I do NOT have an Advance Directive

- ☐ I would like receive more information.
- ☐ I do not want any information at this time.

Yes, I do have an Advance Directive.

- ☐ Please find it attached
- ☐ Copy requested by SHCC

Note: It is the patient's responsibility to provide SHCC with a copy of any Advance Directive document (living will, health care proxy, or medical power of attorney) or other document that could affect your care, if such document(s) exist.

- ☐ I have received information regarding my right to make an Advance Directive.

Patient Name: _____ Patient Account No. _____

Signature: _____ Date: _____



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Shalom Health Care Center

Providing quality health care that is patient-centered, affordable and accessible for all in our community.



MAKING THE MOST OF YOUR SHALOM VISIT

We're glad you have chosen Shalom Health Care Center for your medical needs. We want to provide you and your family with high-quality health care in a friendly environment. Here are some tips to help you get the most out of being a patient at Shalom.

SCHEDULING YOUR APPOINTMENT

We're available when you are. Our scheduling phone lines open daily at 8:00 a.m. until 7:00 p.m. Monday – Thursday and Friday 8:00 a.m. – 1:00 p.m. To schedule an appointment call us at (317) 291-7422.

We have several options to meet your individual scheduling needs:

- ☐ Advanced Scheduling – we can schedule your appointment up to (1) one week in advance with options in the morning, mid-afternoon and some late evening appointments. Subject to availability.
- ☐ Open Access/Same Day – call us when our phone lines open to schedule your same day appointment with scheduling options beginning daily after 10:00 a.m. and throughout the day. Subject to availability.
- ☐ Walk-Ins are always welcome. We will offer you same day or the next available appointment.

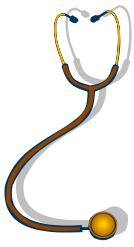
OVERCOMING LANGUAGE BARRIERS

Shalom offers language assistance to all patients with limited English proficiency. A majority of our staff is bilingual (Spanish/English) and we partner with an interpreting service that offers in-person and telephonic interpreting services during and after clinic hours in over 150 languages. We also provide in-person American Sign Language (ASL) interpreting services to our hearing impaired patients.

COURTESY LATE POLICY

To respect our patient's time, we strive to see our patients as soon as they arrive. However, when patients arrive late for their appointment, it causes an interruption and delay for those patients that are arriving on time. For this reason, we allow a courtesy grace period of fifteen minutes for late patients. Patients arriving later than this grace period will be asked to reschedule their appointment to the next available appointment slot. Every effort will be made to accommodate the late arriving patient, but priority will be given to those who arrive on time.

DURING YOUR FIRST VISIT



All new patients are asked to arrive thirty (30) minutes early for their first visit to complete new patient registration forms.

In order to offer the best possible healthcare, it is very important for your provider to understand your medical and mental health history, your living situation, your relationship status, and your employment history. Please be prepared to provide the following items on your first visit:

- ☐ Current listing of all your medications as well as prescribing provider name and dosage taken
- ☐ Any allergies that you are aware of
- ☐ A list of names and contact information for any other medical providers that you have seen so that we are able to work with them to coordinate your care.

DURING YOUR REGISTRATION

It is important that Shalom Health Care Center is provided with your current contact information. This includes your home address, telephone numbers, and e-mail, as well as an emergency contact. As soon as any of this information changes, please let us know.



Please be sure to bring the following documents to your first visit:

- ☐ Valid State ID with current photo or other form of identification (Passport, Visa)
- ☐ Proof of current address (dated within the last 30 days)
- ☐ Health Insurance Card (Medicaid/HIP or private insurance card). If your insurance requires a co-payment, please submit that payment at your first visit and at every visit. Co-pays refer to the payment you make at the time service is provided; co-pays will vary depending on your insurance coverage.
- ☐ Presumptive Eligibility Award Letter (acceptance letter)
- ☐ Health Advantage Discount Program card
- ☐ Immunization Records
- ☐ Physical forms, if applicable
- ☐ Emergency Room discharge information, if applicable
- ☐ Proof of Guardianship or Custody Award

SLIDING FEE DISCOUNT PROGRAM

All patients will be provided the opportunity to apply for a sliding fee discount as determined by the Federal Poverty Levels based on family income and size. Program eligibility will be based on a person's ability to pay. Shalom will not discriminate on the basis of age, gender, race, creed, disability, pre-existing conditions, or national origin. Your Financial Counselor will provide you with a specific checklist of documents and income proofs required to qualify for this discount program. Patients who are uninsured will be given an assessment to determine if they qualify for the sliding fee discount program, Health Advantage program or Presumptive Eligibility program through Medicaid.

AFTER YOUR FIRST VISIT

At your first visit, you will be assigned a provider. Every attempt will be made to schedule all future appointments with the same provider. This will allow for a more personalized care assessment as that provider will get to know you and become more familiar with your medical history. However, should your regular provider not be available, you can decide if you wish to see another qualified provider for your immediate and temporary needs.

PATIENT PORTAL

As a Shalom patient, you have access to your medical information at any time through our patient web portal. You can get to the Patient Portal on the Shalom Health Care Center website (www.ShalomHealthCenter.org). The Shalom Front Desk team will give you more information on how to get access to this resource. Through the Patient Portal, you can:



- Send messages to your provider
- Request test or lab results
- Request medication refills
- Request future appointments

WHEN THE CLINIC IS CLOSED

When the clinic is closed, you can still get medical advice.

- For medical emergencies, please seek immediate attention at your nearest emergency room or dial 911. See enclosed listing of conditions/symptoms that may warrant emergent care.
- For urgent medical concerns that require medical advice, contact our answering service at **(888) 277-4226**. You will speak with our answering service who will connect you with a provider or offer other resources to get you the help you need. Language assistance is provided for those individuals with limited English proficiency.

LOCATIONS AND HOURS

34th Street Clinic

3400 Lafayette Road, Suite 200
Indianapolis, IN 46222
(317) 291-7422

Mon. & Wed.	8:00 am to 5:30 pm
Tues. & Thurs.	8:00 am to 7:00 pm
Friday	8:00 am to 1:00 pm



56th Street Clinic

5750 W. 56th Street
Indianapolis, IN 46254
(317) 291-7422

Mon. & Wed.	8:00 am to 7:00 pm
Tues. & Thurs.	8:00 am to 5:30 pm
Friday	8:00 am to 1:00 pm



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Sliding Fee Discount Document Checklist

The below is a general list of items that you may need during the application process. If you are unsure whether or not an item applies to your application, please call a financial counselor by calling 317-291-7422.

ID Verification:

- ☐ Valid state-issued or Foreign photo operator's license or ID card
- ☐ Valid US or Foreign Passport

Proof of Residence:

- ☐ Mortgage or Current lease
- ☐ Utility bill within last 30 days
- ☐ Current homeless shelter residency verification

Proof of Income:

- ☐ Proof of income 5 most recent pay stubs or statement from employer on Company or Shalom letterhead with current gross income.
- ☐ Past years' annual tax returns (Self-employed only)
- ☐ Social Security or SSI/SSDI award letter (Call 1.800.772.1213 for replacement)
- ☐ Verification of pension or retirement benefits

Proof of Unemployment:

- ☐ Current statement from INET (WorkOne) if unemployed (if applicable)
- ☐ Statement of support of person(s) providing room and board with his/her name, address and what is being provided.
- ☐ Current trustee assistance - poor relief award letter

Family Composition:

- ☐ Proof of dependent (s) birth certificate (s)
- ☐ Verification of enrollment for 18 and older student
- ☐ Tax records with dependent (s) listed
- ☐ Court-ordered guardianship or custody papers
- ☐ Divorce decree
- ☐ If spouse has moved out of the home, proof of spouses current address

Other:

- ☐ Copy of Medicaid/HIP award or denial letter (if applicable)
- ☐ Verification of HPE/PE application (if applicable)
- ☐ Proof of Medicare (including Part D) coverage
- ☐ Public Assistance (Excludes Food Stamps and Housing subsidies)
- ☐ Child Support
- ☐ Last three months of complete bank statements for all accounts
- ☐ Verification of current student loans or grants (Proof of student enrollment)
- ☐ Verification of any other income

DOCUMENTS DUE BY: _____

The 10 day policy has been explained to me and I understand the type of income and other supporting documents I must present no later than the date listed above.

Signature: _____

Date: _____



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Frequently Asked Questions About Your Health Care

What is a Co-payment?

A "co-payment" or "co-pay" is a specific charge that your health insurance plan may require that you pay for a specific medical service or supply. For example, your health insurance plan may require a \$15 co-payment for an office visit or brand-name prescription drug, after which the insurance company often pays the remainder of the charges.

What is a Deductible?

A deductible is a fixed dollar amount during the benefit period – usually a year – that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have individual and family deductibles.

What is Coinsurance?

Coinsurance is the term used by health insurance companies to refer to the amount that you are required to pay for a medical claim, apart from any co-payments or deductible. For example, if your health insurance plan has a 20% coinsurance requirement (and does not have any additional co-payment or deductible requirements), then a \$100 medical bill would cost you \$20, and the insurance company would pay the remaining \$80.

! Don't Confuse Co-Payment and Coinsurance! Coinsurance and co-payments are not the same thing. A co-payment is a specific amount that you pay at the doctor's office before you meet your deductible. Coinsurance is a percentage of a provider's charge that you may be required to pay after you've met the deductible. When you've met your deductible, you'll have to pay coinsurance (usually 20% of the provider's charge) until you reach your out-of-pocket maximum. After that, the insurance company will pay for all covered services, up to the policy maximum, for the remainder of the year

What is a PCP, or Primary Care Provider?

A PCP is a Doctor, Nurse Practitioner or Physician Assistant who takes care of you and helps you stay healthy. Your PCP will provide most of your health care. Your PCP will keep a record of your health and your health care. If you need special care for a health problem, your PCP will make the arrangements and tell you where to go.

What is a Nurse Practitioner?

Nurse Practitioners are registered nurses who hold a master's or doctoral degree in nursing with additional clinical training and work both independently and alongside medical doctors. They are qualified to diagnose, treat, and manage both illness and chronic health conditions. They are also able to prescribe medication and they can order and interpret labs and x-rays as needed.

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What is a Specialist?

A specialist is a person who concentrates primarily on a particular subject or activity – a person highly skilled in a specific and restricted field. In health care, some examples of specialists are cardiologists, gastroenterologists, podiatrists, and dermatologists, but there are many other types of specialists.

What is a referral?

A referral is when the PCP sends the patient to a specialist for consultation, review or further action.

What is the Marketplace?

The Marketplace, or Exchange, is where qualified individuals and employers can go to directly compare private health insurance options, known as Qualified Health Plans (QHPs).

1-800-318-2596 (TTY 1-855-889-4325) www.Healthcare.gov / www.CuidadoDeSalud.gov

What are Catastrophic Plans?

Catastrophic plans feature high deductibles and lower premiums. Most catastrophic plans include coverage of three (3) primary care visits and preventive services with no out-of-pocket costs. These plans are designed to protect consumers from high out-of-pocket costs.

What is Preferred Provider Organization (PPO) plan?

A PPO plan is an indemnity plan where coverage is provided to participants through a network of selected health care providers.

What is Health Maintenance Organization (HMO)?

An HMO is a health care system that assumes both the financial risks associated with providing comprehensive medical service (insurance and service risk) and the responsibility for health care directly in a particular geographic area to HMO members, usually in return for a fixed, prepaid fee.

What is a Maximum Plan Dollar Limit?

The Maximum Plan Dollar Limit is the maximum amount payable by the insurer for covered expenses for the insured person and each covered dependent while covered under the health plan. Plans can have a yearly and/or a lifetime maximum dollar limit. The most typical maximum is a lifetime amount of \$1 million per individual.

What about Eskenazi Advantage/Shalom Advantage? Is it “insurance”?

This discount program is an income-based plan available to Marion County residents only. Applicants who qualify for this program will be charged a minimal office co-pay which will cover their office visit fee. However, any additional services provided at the visit (labs, etc.) will be discounted separately per our Sliding Fee scale. The Advantage program is also accepted at Eskenazi for additional qualified services. This discount program is designed to assist low-income individuals and their families with their medical costs, ***but should not be considered “medical insurance.”***



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NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Shalom Health Care Center (“Shalom”) is required, by law, to maintain the privacy and confidentiality of client’s Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

Disclosure of Your Protected Health Information (“PHI”)

Treatment/Service

Shalom may disclose your PHI to other healthcare professionals or human service organizations for serve purposes. On occasion, it may be necessary to seek consultation regarding your health condition from other healthcare providers or human services organizations associated with Shalom.

Worker’s Compensation

Shalom may disclose your PHI as necessary to comply with State Workers’ Compensation Laws.

Emergencies

Shalom may disclose your PHI in order to notify or assist in notifying a family member, or other person, responsible for your care in regards to your medical condition, in the event of an emergency or upon your death.

Public Health

As required by law, Shalom may disclose your PHI to public health authorities for purposes related to: 1) preventing or controlling diseases; 2) injury or disability; 3) child abuse or neglect, or domestic violence; 4) the Food and Drug Administration for problems with products and reactions to medications; and 5) exposure to diseases or infections.

Judicial and Administrative Proceedings

Shalom may disclose your PHI in the course of an administrative or judicial proceeding.

Law Enforcement

Shalom may disclose your PHI to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witnesses or missing persons, complying with a court order or subpoena, or other law enforcement purposes.

Deceased Persons

Shalom may disclose your PHI to coroners or medical examiners.

Organ Donation

Shalom may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

Shalom may disclose your PHI to researchers conducting studies that have been approved by an Institutional Review Board.

Public Safety

It may be necessary for Shalom to disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

Shalom may disclose your PHI for military, national security, incarceration or government benefit purposes.

Marketing

Shalom *may* contact you for fundraising or marketing purposes.

Change of Ownership

In the event that Shalom is sold or merged with another organization, your PHI and patient records will become the property under the new owner(s) or organization.

Your Protected Health Information (“PHI”) Rights

- You have the right to request restrictions on certain uses and disclosures of your PHI. Please be advised, however, that Shalom is not required to comply with the restrictions that you request.

- You have the right to have your PHI received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect a copy of your PHI.
- You have a right to request that Shalom amend your PHI. Please be advised, however, that Shalom is not required to agree to the amendment of your PHI. If your request to amend your PHI is denied, you will be provided an explanation for the denial and information about how you can petition the denial.
- You have a right to receive an accounting of disclosures of your PHI made by Shalom.
- You have a right to a paper copy of this “Notice of Privacy Practices” upon request.

Changes to this Notice of Privacy Practices

Shalom reserves the right to amend this “Notice of Privacy” at any time, and will make the new provision effective for all information that it maintains. Until such amendment is made, Shalom is required by law to comply with this Notice.

Shalom is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy with respect to your PHI. If you have questions regarding any parts of this Notice or if you want more information about your privacy rights, please contact **Shalom’s HIPAA Compliance Officer** by calling 317-291-7422 or in writing to:

HIPAA Compliance Officer
Shalom Health Care Center, Inc.
3400 Lafayette Road, Suite 200
Indianapolis, IN 46222-1147

Complaints

Complaints about your Privacy Rights or Shalom’s handling of your PHI should be directed to **Shalom’s HIPAA Compliance Officer** by calling 317-291-7422 or in writing to:

HIPAA Compliance Officer
Shalom Health Care Center, Inc.
3400 Lafayette Road, Suite 200
Indianapolis, IN 46222-1147

If you are not satisfied with the manner in which Shalom handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201



Helping you with your Social Service Needs

- ✓ We **Work** alongside our Patient and their family to connect them to community resources, listen to concerns and help patients make a plan.
- ✓ We **Empower** our Patients to make choices and bring about change in their lives.
- ✓ We **Provide** support by connecting our Patients to services that fit their needs and preferences.



Our Social Workers can assist you with...

Problems with primary support group:

Death of family member; Health problems in the family; Disruption of family by separation, divorce, or estrangement; Removal from the home; Remarriage of parent; Sexual or physical abuse; Parental over protection; Neglect of child; Inadequate discipline; Discord with siblings; Birth of a sibling.

Problems related to the social environment:

Death or loss of a friend; Inadequate social support; Living alone; Difficulty with acculturation; Discrimination; Adjustment to life-cycle transition (such as retirement).

Educational problems

Illiteracy; Academic problems; Discord with teachers or classmates; Inadequate school environment.

Occupational problems:

Unemployment; Threat of job loss; Stressful work schedule; Difficult work conditions; Job dissatisfaction; Job change; Discord with boss or co-workers.

Housing problems:

Homelessness; Inadequate housing; Unsafe neighborhood; Discord with neighbors or landlord.

Economic problems:

Extreme poverty; Inadequate finances; Insufficient welfare support.

Problems with access to health care:

Inadequate health care services; Transportation to health care facilities unavailable; Inadequate health insurance.

Problems related to interaction with the legal system/crime:

Arrest; Incarceration; Litigation; Victim of crime.

Other psychosocial and environmental problems:

Exposure to disasters; War; Other hostilities; Discord with nonfamily caregivers such as counselor, social worker, or physician; Unavailability of social service agencies.



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**Committed
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Your Patient-Centered Medical Home

Welcome to Your Medical Home

A Medical Home is all about you. Caring about you is the most important job of your Patient Centered Medical Home. In this personal model of health care, your primary provider leads the team of health care professionals that collectively take responsibility for your care. They make sure you get the care you need in wellness and illness to heal your body, mind and spirit.

Your personal provider and an extended team of health professionals build a relationship in which they know you, your family situation, your medical history and health issues. In turn, you come to trust and rely on them for expert, evidence-based health care answers that are suited entirely to you or to your family.

The Medical Home Advantage

There are many benefits to being a part of a Medical Home:

- Comprehensive care means your medical home helps you address any health issue at any given stage of your life
- Coordination of care occurs when any combination of services you and your provider decide you need are connected and ordered in a rational way, including the use of resources in your community
- Continuous care occurs over time and you can expect continuity in accurate, effective and timely communication from any member of your health care team.
- Accessible care allows you to initiate the interaction you need for any health issue with a physician or other team member through your desired method (office visit, phone call, or electronically) and you can expect elimination of barriers to the access of care and instructions on obtaining care during and after hours.
- Proactive care ensures you and your provider will build a care plan to address your health care goals to keep you well, plus be available for you when you get sick.

Who is your Medical Home team?

Your team may include a doctor, nurse practitioner, licensed practice nurse, medical assistant or health educator, as well as other health professionals. These professionals work together to help you get healthy, stay healthy, and get the care and services that are right for you. When needed, your personal doctor arranges for appropriate care with qualified specialists.

We want to learn about you

- We want to get to know you, your family, your life situation, and preferences, and suggest treatments that make sense for you.
- We want to treat you as a full partner in your care
- We want to communicate effectively with you
- We want to give you time to ask questions and we want to answer them in a way you understand
- We want to make sure you know and understand all of your options for care
- We want to help you decide what care is best for you. Sometimes more care is not better care. We want to ask you for feedback about your care experience.

We want to support you in caring for yourself

- We want to make sure you develop a clear idea of how to care for yourself.
- We want to help you set goals for your care and help you meet your goals one step at a time
- We want to encourage you to fully participate in recommended preventive screenings and services
- We want to give you information about classes, support groups, or other types of services to help you learn more about your condition and stay healthy

Shalom Health Care Center has been awarded Patient-Centered Medical Home recognition by the National Committee for Quality Assurance PCMH Program.

The Center receives federal funding from Department of Health and Human Services (HHS) and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

Here is what you can do to actively participate in your care:

You are the most important member of the medical home team.

- Understand that you are a full partner in your own health care
- Learn about your condition and what you can do to stay as healthy as possible
- As best you can, follow the care plan that you and your medical team have agreed is important for your health

Communicate with your Medical Home team

- Bring a list of questions to each appointment. Also, bring a list of any medicines, vitamins, or remedies you use.
- If you don't understand something your doctor or other member of your medical home team says, ask them to explain it in a different way
- If you get care from other health professionals, always tell your medical home team so they can help coordinate for the best care possible
- Talk openly with your care team about your experience in getting care from the medical home so they can keep making your care better.

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Indianapolis, IN 46222
(T): 317-291-7422





WHEN THE CLINIC IS CLOSED

**When the clinic is closed,
you can still get medical advice.**

If you are experiencing a **medical emergency,
please dial **911** or go to your nearest emergency center.**

If you have an urgent need to speak with a medical professional, please call our main number **(317) 291-7422** to be connected with our after-hours answering center. You will be connected with a Shalom provider to offer advice or other resources to get the help you need.

Language assistance is provided for those individuals with limited English proficiency.

3400 Lafayette Road, Suite 200
Indianapolis, Indiana 46222

M	T	W	Th	F	Sa/Su
8:00a - 5:30p	8:00a - 7:00p	8:00a - 5:30p	8:00a - 7:00p	8:00a - 1:00p	Closed

5750 West 56th Street
Indianapolis, Indiana 46254

M	T	W	Th	F	Sa/Su
8:00a - 7:00p	8:00a - 5:30p	8:00a - 7:00p	8:00a - 5:30p	8:00a - 1:00p	Closed



For the latest information, call us or visit: www.shalomhealthcenter.org

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CUANDO LA CLÍNICA ESTÁ CERRADA

Cuando la clínica está cerrada, todavía puede obtener consejo médico.

Si tiene una **emergencia médica, por favor marque **911** o vaya al centro de emergencias más cercano.**

Para necesidades médicas urgentes que requieran consejos médicos, comuníquese con nuestro servicio de atención al paciente al **317-291-7422**. Usted hablará con un representante de servicio al paciente, que lo conectará con un proveedor de Shalom. El proveedor ofrecerá consejos médicos u otros recursos para obtener la ayuda necesaria.

Se brinda asistencia lingüística a las personas con conocimiento limitado del inglés.

3400 Lafayette Road, Suite 200
Indianapolis, Indiana 46222

L	Ma	Mi	J	V	S/D
8:00a - 5:30p	8:00a - 7:00p	8:00a - 5:30p	8:00a - 7:00p	8:00a - 1:00p	Cerrada

5750 West 56th Street
Indianapolis, Indiana 46254

L	Ma	Mi	J	V	S/D
8:00a - 7:00p	8:00a - 5:30p	8:00a - 7:00p	8:00a - 5:30p	8:00a - 1:00p	Cerrada



Para obtener la información más reciente, llámenos o visite: www.shalomhealthcenter.org

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Shalom Health Care Center, Inc. recibe financiación federal del Departamento de Salud y Servicios Humanos (HHS) y tiene el estatus de FTCA del Servicio Federal de Salud Pública (PHS) con respecto a ciertas reclamaciones de salud o relacionadas con la salud, incluidas las reclamaciones por negligencia médica, para sí misma y sus individuos cubiertos. También se le ha concedido Hogar médico centrado en el paciente reconocimiento por parte del Programa PCMH del Comité Nacional de Garantía de Calidad 2017.

Shalom Health Care Center

PROVIDING QUALITY HEALTH CARE THAT IS PATIENT-CENTERED, AFFORDABLE, AND ACCESSIBLE FOR ALL IN OUR COMMUNITY



PATIENT CONSENT FOR TREATMENT AND NOTIFICATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for SHALOM HEALTH CARE CENTER, INC. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare options (TPO). *(SHALOM HEALTH CARE CENTER, INC.'s "Notice of Privacy Practices" provides a more complete description of such uses and disclosures.)*

I give my consent to be examined and/or treated by the medical Providers. I understand and agree that any in-depth examination and/or procedures will be explained to me before giving my consent.

I have the right to review the "Notice of Privacy Practices" prior to signing this Patient Consent. SHALOM HEALTH CARE CENTER, INC. reserves the right to revise its "Notice of Privacy Practices" at any time. A revised "Notice of Privacy Practices" may be obtained by forwarding a written request to:

HIPAA Compliance Officer
Shalom Health Care Center, Inc.
3400 Lafayette Road, Suite 200
Indianapolis, IN 46222-1147

With this Patient Consent, SHALOM HEALTH CARE CENTER, INC. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this Patient Consent, SHALOM HEALTH CARE CENTER, INC. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this Patient Consent, SHALOM HEALTH CARE CENTER, INC. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that SHALOM

HEALTH CARE CENTER, INC. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this Patient Consent.

I am consenting to SHALOM HEALTH CARE CENTER, INC.'s use and disclosure of my PHI to carry out TPO. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My revocation must be submitted in writing to:

HIPAA Compliance Officer
Shalom Health Care Center, Inc.
3400 Lafayette Road, Suite 200
Indianapolis, IN 46222-1147



The Center receives federal funding from Department of Health and Human Services (HHS) and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

PATIENT PROVIDER AGREEMENT

*As a **Patient Centered Medical Home** we want to provide the best possible quality medical care to you and your family. We strive to create a trusting partnership between a doctor-led healthcare team and an informed patient. To help us do this, we have defined what our responsibilities are to you and what your rights and responsibilities are as a Shalom patient.*

AS YOUR PRIMARY CARE PROVIDER, WE WILL:

- Take time to make a personal connection with you, your family, and life situation.
- Lead and coordinate care throughout your lifetime.
- Help you learn about health insurance and coverage options available to you.
- Actively help strengthen your health care relationship.
- Create a highly personal health maintenance plan.
- Connect you with other members of your care team (specialists, health coaches, etc.) and coordinate your care with them as your health needs change.
- Handle your care and medical records with the utmost privacy.
- Provide care for short-term illness and long-term disease based on current medical evidence.
- Offer tools and encouragement to prevent persistent health problems.
- Deliver 24 hour access through same day and after hour appointments and clinical advice.
- Provide care in a judgment-free setting and treating you with dignity and respect, regardless of your race, ethnicity, national origin, religion, gender, age, mental or physical ability, sexual orientation, or genetic information.



WE TRUST YOU, AS OUR PATIENT TO:

- Treat all staff with dignity and respect. Follow all rules and regulations.
- Keep communication open.
- Be in charge of your own health.
- Work together to develop and follow a care plan.
- Be honest with us regarding your history, symptoms, and any other pertinent information.
- Let us know if you are unable to take your medicine or follow through with your care plan.
- Call your Shalom health care provider first with all health concerns unless it is a medical emergency.
- Keep scheduled appointments or call to reschedule or cancel as early as possible.
- Prepare an Advance Directive and be certain we have it on file.
- Understand that your lifestyle choices affect your personal health.
- Give us feedback on how we can make your patient experience better.
- Fill out and return the Patient Satisfaction Survey when you receive one.
- End every visit by making sure you know what your provider is expecting from you, what your treatment goals are, and what your future plans should be.
- Ask questions if anything is unclear.

Missed Appointments/No-Show Policy

I will attend all my appointments, and I will arrive for my appointment fifteen (15) minutes prior to the scheduled time to complete or update my registration information. I understand that Shalom Health Care Center has a policy that if I fail to attend three (3) appointments with a rolling twelve (12) month period, my patient-provider relationship may be terminated. I further understand that if I do not call to cancel my appointment at least twenty-four (24) hours prior to the scheduled time, my appointment may be considered a missed appointment.

The Missed Appointment Agreement will be enforced regardless of whether the patient agrees and/or signs this document.

Expectations at your First and Annual Visit

I understand as part of my exceptional care at Shalom Health Care Center, I will receive the following services based on evidenced-based practices at my first new patient appointment and annual wellness visit. I will provide written documentation should I decline any of the following screenings:

- Behavioral health screenings
- Social determinants of health screening
- HIV screening
- Tobacco screening
- Age appropriate cancer screenings
- Age appropriate developmental screenings, including hemoglobin and lead screenings for children

Expected Payments Policy

I understand that my co-pay or nominal fee is due at the time of service (if applicable). I will pay any applicable co-pay or nominal fee at each visit at Shalom Health Care Center. I understand that any remaining balance after my insurance company has paid their portion shall remain my responsibility and I will be expected to pay this balance when I receive my bill. I will make arrangements for payment when needed.



Our providers and care teams welcome you to your new patient-centered medical home.