



## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION.**

We understand that medical information about you and your health is personal and are committed to keeping it private in accordance with this notice. As a patient of ours, we create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This "Notice of Privacy Practices" applies to all protected health information and records of your care generated by our offices, whether made by your personal doctor or other staff. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

This notice will tell you about the ways in which 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 medical information.

#### **Under the law, we are required to:**

1. Make sure that medical information that identifies you is kept private;
2. Give you this Notice that describes our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the Notice that is currently in effect and assist you in understanding it.

### **WHO SEES AND SHARES MY MEDICAL INFORMATION?**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the 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, residents, medical students, or other staff who are involved in your care. For example, if during the course of your treatment, your physician determines that he/she needs to consult with another specialist, he/she will share your medical information with the specialist and obtain his/her advice. Different departments or offices of MAHEC may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside of MAHEC who may be involved in your medical care after you leave our office, such as family members, clergy or others we use to provide services that are part of your care.

**Health Information Exchanges.** We may provide your health care information to a secure health information exchange (HIE) in which we participate. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. We currently participate in a regional HIE called

Mission Health Connect and a state-wide HIE called the NC Health Information Exchange Authority (NC HIEA). A health information exchange (HIE) allows your providers to electronically share important health care information with other physicians, hospitals and other providers/organizations who participate in the HIE. The HIE allows clinical information to quickly move between different electronic medical record systems while maintaining the privacy, security and accuracy of the information. Working as a team, providers that participate will have access to a more complete health record for their patients to support treatment and continuity of care. For example, you may be traveling and have an accident in another area of the state. If the doctor treating you is a member of the HIE in which we participate, s/he can access the information about you that we and other providers have contributed. Accessing this additional information can help your doctor provide you with quick, well-informed treatment because s/he will have learned about your medical history or allergies or prescriptions from the HIE. You do not have to fully participate in any HIE to receive care at MAHEC. For more information about your choices of participation in the NC HIE or Mission Connect HIE, contact a MAHEC representative at (828) 257-2980. For questions about NC HIEA you may also call (919) 754-6912 or send an email to [hiea@nc.gov](mailto:hiea@nc.gov)

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at MAHEC are properly billed and paid for. For example, we send requests for payment to your health insurance company. The health insurance company (or business associate helping us obtain payment) requests information from us regarding medical care given.

**For Healthcare Operations.** We may use and disclose medical information about you for our office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we obtain insurance, legal, quality assessment, training, credentialing, medical review and other services from outside companies or business associates. When necessary, we will share information about you with these companies or business associates to obtain these services. These business associates will also be required to protect your medical information. We may also disclose protected medical information to residents and students in our training programs who at times observe patient care. And, we may call you by name while you are in our office waiting room.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose medical information to contact you and to remind you that you have an appointment with us.

**Fundraising:** We may use limited, demographic information (name, address, telephone number, dates of service, age, gender and insurance status) to contact you for the purpose of raising money for Mountain Area Health Education Center, Inc. (MAHEC) or any foundation it forms. The money raised will be used to expand and improve the services and programs we provide to the community and region. Any fundraising letter you receive from us will provide you with instructions on how to opt out of any future fundraising letters.

**Marketing:** We may use your medical information to inform you about our health care services, treatment alternatives or other health-related benefits and services that may be of interest to you.

**Research.** Under certain circumstances, we may use and disclose medical information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose medical information for research, the project will go through a special approval process. However, even without special approval, we may permit researchers to look at records to help them identify patients, who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any medical information.

**Individuals Involved in Your Care or Payment for Your Care.** Using our best judgment, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, 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.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to 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 release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability;
2. To report births and deaths;
3. To report child abuse or neglect;
4. To report reactions to medications or problems with products;
5. To notify people of recalls of products they may be using;
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation organizations, and licensure. These activities are necessary for the government and other organizations to monitor the health care system, government programs, and compliance with civil rights law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of MAHEC to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct at MAHEC; and
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us 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 our written authorization. However, it is important to remember that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **DO I HAVE A CHOICE ABOUT WHAT INFORMATION CAN BE RELEASED?**

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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. However:

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer or his/her designee. 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, disclosures to your spouse.

## **WHAT IF MY MEDICAL INFORMATION NEEDS TO GO SOMEWHERE ELSE?**

Other uses and disclosures of your protected medical information will only be made with your written authorization, unless otherwise permitted or required by law as described above. Some examples include:

1. You want your medical information sent to another person.
2. Another person requests a copy of your medical information.

The authorization form tells us what, where and to whom the information must be sent. Your authorization is good for six (6) months or until the date you put on the form. You can cancel or limit the amount of information sent at any time by letting us know in writing.

**NOTE:** If you are less than 18 years-old, your parents or guardians will receive your private medical information, **unless by law you are able to consent for your own health care treatment.** If you are able to consent for your own health care, then your private medical information will not be shared with parents or guardians unless you sign an authorization form. You may also ask to have your medical information sent to a different person that is helping you with your health care.

## **MAY I SEE MY MEDICAL INFORMATION?**

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer or his/her designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

## **WHAT IF I DO NOT AGREE WITH THE INFORMATION IN MY MEDICAL RECORD?**

If you believe that medical information we have about you 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 MAHEC. To request an amendment, your request must be made in writing and submitted to the Privacy Officer or his/her designee. 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:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for MAHEC;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

## **HOW CAN I FIND OUT IF MY MEDICAL INFORMATION HAS BEEN RELEASED WITHOUT MY AUTHORIZATION?**

To find out if your medical information has been released without your needed authorization, you may request an "accounting of disclosures." This is a list of the disclosures we make of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer or his/her designee. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

## **FUTURE CHANGES TO MAHEC'S PRIVACY PRACTICES AND THIS NOTICE.**

We reserve the right to change MAHEC'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 in our clinical sites and on MAHEC's Web site, <http://www.mahec.net>. In addition, at any time you may request a copy of the Notice currently in effect.

## **OUR RIGHT TO CHECK YOUR IDENTITY/TAKE YOUR PICTURE.**

For your protection, we may check your identity whenever you have questions about your treatment or billing activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your medical information. We may also take your picture and/or request a picture ID when you arrive for your appointment.

## **QUESTIONS OR COMPLAINTS?**

If you believe your privacy rights have been violated, you may file a complaint with MAHEC or with the Secretary of the Department of Health and Human Services. To file a complaint with MAHEC, please contact our Privacy Officer at 828-257-4408 or send a written complaint to MAHEC, Attention Privacy Officer, 121 Hendersonville Road, Asheville, NC 28803. ***You will not be penalized for filing a complaint.***

**Thank you for being a MAHEC patient! We look forward to providing your healthcare services.**

### **Facilities include but are not limited to:**

- MAHEC Dental Health Center at Biltmore
- MAHEC Dental Health Center at Columbus
- MAHEC Family Health Center at Biltmore
- MAHEC Family Health Center at Cane Creek
- MAHEC Family Health Center at Newbridge
- MAHEC Family Health Center at Enka/Candler
- MAHEC OB/GYN Specialists at Biltmore
- MAHEC OB/GYN Specialists at Franklin
- MAHEC Women's Care at Brevard
- MAHEC Center for Psychiatry and Mental Wellness

This Notice is effective **August 23, 2021** and replaces earlier versions.

1. A patient has the right to respect, dignity, and comfort.
  2. A patient has the right, upon request, to be given the name of their attending physician, the names of all other physicians participating in their care, and the names and functions of other health care persons that have contact with the patient.
  3. A patient has the right to every consideration of their privacy concerning their own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted privately pursuant to 42 CFR 482.13(c)(1)
  4. A patient has the right to know that facility rules and regulations apply to his, her, or their conduct as a patient.
  5. A patient has the right to expect emergency procedures to be implemented without delay.
  6. A patient has the right to quality care and professional standards that are maintained and reviewed.
  7. A patient has the right to information in laymen's terms, concerning their diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on their behalf to the patient's designee.
  8. Except for emergencies, the physician must obtain informed consent prior to the start of any procedure or treatment.
  9. A patient has the right to be advised when a physician is considering the patient as a part of a medical care research program. Informed consent shall be obtained prior to participation in a program. The patient or legally responsible party may refuse to continue in any program that they have previously given informed consent for. An Institutional Review Board, (IRB) may waive or alter the informed consent requirement if it reviews and approves a research study in accordance with federal regulations for the protection of human research subjects including U.S. Department of Health and Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56. 45 CFR Part 46 and 21 CFR Parts 50 and 56 are incorporated by reference, including subsequent amendments and editions. These regulations may be accessed at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html> at no cost. For any research study proposed for conduct under an FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" that waives informed consent but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study shall also verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB has authorized the start of the community consultation process required for emergency research, but before the beginning of that process, notice of the proposed research study shall be provided to the North Carolina Medical Care Commission. The notice shall include:
    - The title of the research study;
    - A description of the research study, including a description of the population to be enrolled;
    - A description of the planned community consultation process, including proposed meeting dates and times;
    - Instructions for opting out of the research study; and
    - Contact information including mailing address and phone number for the IRB and the principal investigator.
- The Medical Care Commission may publish all or part of the above information in the North Carolina Register, in accordance with 26 NCAC 02C .0307, and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.
10. A patient has the right to refuse any drugs, treatment or procedure offered by the facility and a physician shall inform the patient of their right to refuse any drugs, treatment or procedures and of the medical consequences of the patient's refusal of any drugs, treatment or procedure.
  11. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.
  12. A patient has the right to medical and nursing services without discrimination based upon race, color, sex, religion, sexual orientation, national origin or source of payment.
  13. A patient who does not speak English or is hearing impaired shall have access to an interpreter
  14. A patient or their designee has the right to have all records pertaining to the patient's medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. A patient's access to medical records may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access shall be restricted only for medical reason. A patient's designee shall have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.
  15. When an inpatient is under the care of a MAHEC provider, the patient has the right not to be awakened by the hospital staff unless it is medically necessary.
  16. The patient has the right to be free from duplication of medical and nursing procedures.
  17. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.
  18. When medically permissible, a patient may be transferred to another facility only after he, she, they or their next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The facility that the patient is to be transferred must first have accepted the patient for transfer.
  19. The patient has the right to examine and receive a detailed explanation of their medical bill.

20. The patient has a right to information and counseling on the availability of known financial resources for their health care.
  21. Patient has the right to be informed upon discharge of their continuing health care requirements following discharge and the means for meeting them.
  22. A patient shall not be denied the right of access to an individual or agency who is authorized to act on their behalf to assert or protect the rights set out in this Section.
  23. A patient, has the right to be informed of their rights at the earliest possible time in the course of their hospitalization.
  24. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient.
  25. A patient, and when appropriate, the patient's representative has the right to have any concerns, complaints, and grievances addressed. Sharing concerns, complaints and grievances will not compromise a patient's care, treatment or services.
- If a patient has a concern, complaint, or grievance, they may contact the Clinical or Administrative Director of the Family Medicine, OB/Gyn, Internal Medicine, Psychiatry and/or Dental Departments. For a written form there is a link on MAHEC's website under the patient information tab.
  - The patient has the right to directly contact the North Carolina Department of Health and Human Services and/or the Office for Civil Rights, Region VIII.

- consent), pain management, patient care issues and discharge planning.
28. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
  29. The patient has the right to personal privacy. Privacy includes a right to respect, dignity, and comfort as well as privacy during medical/nursing treatment, and when requested as appropriate.
  30. The patient has the right to receive care in a safe setting. A safe setting includes environmental safety, infection control, security, protection of emotional health and safety, including; respect, dignity, and comfort, as well as physical safety.
  31. The patient has the right to be free from all forms of abuse or harassment. This includes abuse, neglect, or harassment from staff, other patients, and visitors.
  32. The patient has the right to request a change of providers within the practice by submitting the request to the Practice Manager.
    - The Practice Manager for Family Medicine, OB/Gyn, Internal Medicine, Psychiatry or designee will make the assigned provider and tentative new provider aware of the request. If both providers agree the change is in the best interest of the patient, the change will be made.
    - The Dental Practice Manager will discuss the request with the Division Director who will make a determination concerning the provider change request.

#### **Patient Responsibilities**

*Prior to receiving care in a MAHEC clinical practice, patients are informed of their responsibilities for:*

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| NC Division of Health Services Regulation<br>Complaint Intake Unit<br>2711 Mail Service Center<br>Raleigh, NC 27699-2711<br>(Phone) 1-800-624-3004<br>(Fax) 1-919-715-7724  |
| Office for Civil Rights, Region VIII<br>U.S. Department of Health and Human Services<br>Sam Nunn Atlanta Federal Center<br>61 Forsyth Street S.W., Suite 16T70<br>Atlanta, GA 30303-8909<br>Voice Phone 1-800-368-1019<br>FAX 1-202-619-3818<br>TDD 1-800-537-7697<br>Email: <a href="mailto:OCMAIL@HHS.GOV">OCMAIL@HHS.GOV</a> |
26. The patient has the right to participate in the development and implementation of their plan of care, including his, her, or their inpatient treatment/care plan, outpatient treatment/care plan, discharge care plan, and pain management plan.
  27. The patient, or when appropriate, the patient's representative has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. Making informed decisions includes the development of their plan of care, medical and surgical interventions (e.g. deciding whether to sign a surgical

- Providing complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Following the treatment plan prescribed by the patient's provider and participating in his, her, or their care.
- Arranging for a responsible adult to transport the patient home from the facility and remain with the patient for a defined time period, if required by the provider.
- Accepting personal financial responsibility for any charges not covered by insurance.
- All patients are expected to behave in a respectful manner toward staff members, other patients, guests, or visitors while on a MAHEC campus or a telehealth visit.
- All patients are required to abide by all public safety measures that MAHEC has implemented to protect against and prevent the spread of any virus or disease that is easily transmitted to other patients, staff members, and the community.

***Questions concerning this policy should be directed to MAHEC's Risk Management and Corporate Compliance Department at [risk@mahec.net](mailto:risk@mahec.net).***



# Welcome to your Patient-Centered Medical Home

## What is a patient-centered medical home?

A patient-centered medical home is a system of care in which a team of health professionals works together to provide all of your health care needs. We use technology such as electronic medical records to communicate and coordinate your care and provide the best possible outcomes for you.

You, the patient, are the most important part of a patient-centered medical home. When you take an active role in your health and work closely with us, you can be sure that you're getting the care you need.

## Who is on the patient-centered medical home care team?

Your primary care provider leads your care team, which many include specialized doctors, nurses, and other healthcare professionals such as pharmacists.

Our team acts as coaches who help you get healthy, stay healthy, and get the care and services that are right for you.

**You are at the center of your care team.**

## What are the benefits of a patient-centered medical home

**In a patient-centered medical home, we:**

- **Are available** when you need us. You can communicate with us easily and efficiently and get appointments quickly.
- **Know you and your healthy history.** We know about your personal or family situation and can suggest treatment options that make sense for you.
- **Help you understand your condition(s)** and how to take care of yourself. We explain your options and help you make decisions about your care.
- **Help you coordinate your health care** - even if we are not the ones giving you the care. We will help you find specialists, get appointments, and make sure specialists have the information they need to care for you.
- **Use technology** such as electronic medical records and share records to help prevent medical errors and make sure that we are always on the same page.



# How do you get the most from a patient-centered medical home?

## What you can do:

### 1. Be in charge of your health

- Know that you are a full partner in your care.
- Understand your health situation and ask questions about your care.
- Learn about your condition and what you can do to stay as healthy as possible.

### 2. Participate in your care

- Follow the plan that you and we have agreed is best for your health.
- Take medications as prescribed.
- Keep scheduled appointments and attend follow-up visits when necessary.

### 3. Communicate with your care team

- Tell us when you don't understand something we said or ask us to explain it a different way.
- Tell us if you get care from other health professionals so we can help coordinate the best care possible.
- Bring a list of questions and a list of medicines or herbal supplements you take to every appointment.
- Tell us about any changes in your health or well-being.



## Your care team will:

### 1. Get to know you

- Learn about you, your family, your life situation, and preferences. We will update your records every time you seek care and suggest treatments that make sense for you.
- Listen to your questions and feelings and treat you as a full partner in your care.

### 2. Communicate with you

- Explain your health situation clearly and make sure you know all of your options for care.
- Give you time to ask questions and answer them in a way you understand.
- Help you make the best decisions for your care.

### 3. Support you

- Help you set goals for your care and help you meet these goals every step of the way.
- Give you information about classes, support groups, or other services that can help you learn more about your condition and stay healthy.
- Send you to trusted experts when necessary.



*Thank you for the opportunity to be part of your healthcare team!*