



Welcome to Brighter Beginnings Family Health Clinic!

We are honored that you chose us for your primary medical home. Your health and well-being are our top priorities, and we are committed to providing you with comprehensive and compassionate care.

Your first appointment is a time for us to get to know you and gather information. During this visit, you will have the chance to meet your healthcare provider and care team, share your medical history, and authorize access to your previous records. You and your provider will develop a tailored plan to address your health and wellness needs, including determining the timing of follow up visits.

We ask that you complete the following forms that enable us to deliver quality care and healthcare services tailored to your needs. Please keep this first page for your own review and let us know if you have any questions.

Thank you,

Your Brighter Beginnings Care Team

877-427-7134

Your Selected Primary Care Provider is:

Clinic Hours and Locations

BBFHC- Richmond:

2727 Macdonald Ave Richmond 94804

Monday-Friday: 8am-6pm

BBFHC-Antioch LoneTree:

3505 Lone Tree Way Suite 1, Antioch 94509

Monday-Friday: 8am-6pm, all days except Wednesday closed at 5:30 pm

BBHFC- Antioch Downtown (For Prenatal, Women's Health, and Pediatric Services)

512 W 5th St, Antioch 94509

Monday and Wednesday 9:30am-6pm

Patient Portal

Register with the **Healow Patient Portal App** to directly access your medical records, access lab results, send messages to your provider, access Video Visits, and more. Sign up after downloading the Healow app on your phone or create an account on the website:

<https://healow.com/apps/jsp/webview/signIn.jsp>.

Use the Brighter Beginnings Practice Code: JJJBCD.



Medical Emergencies and After Hours Coverage

For continuous access to quality care, we offer the following options for medical emergencies during and after clinic hours at Brighter Beginnings Family Health Clinics (BBFHC).

Instructions:

1. Call 9-1-1 if you feel that you are having a medical emergency requiring immediate attention.
2. For non-emergencies, you can call to speak with the Brighter Beginnings after-hours answering service with an advice nurse by calling the clinic directly: Antioch (925-303-4780) or Richmond (510-236-6990).
3. Patients who have Contra Costa Health Plan (CCHP) can also call the CCHP Advice Nurse at 1-877-661-6230 option 1. This after-hours coverage is open 24 hours/day, 7 days/week.
4. If you need to speak with us regarding other matters such as scheduling, billing or other services, please call during normal business hours.

Late/Cancellation Policy

If you are unable to attend a scheduled appointment, we ask that you call our office at least 24 business hours prior to your appointment time.

After two “no shows, no calls” or late cancellations within 6 months, you will be sent a notice by mail. After a third “no show” or late cancellation, we will only be able to see you on a same day, space-available basis. Your ability to schedule future appointments will be reassessed after 3 months.

LATE ARRIVAL: Please call to inform us if you are running late to an appointment. If you are more than 15 minutes late for a visit, it may not be possible for your provider to see you that day. Your Provider will decide if they can see you based on their schedule that day. If they are able to see you, there may be a wait for you to be seen. If the provider cannot see you, we will work with you to reschedule the appointment.

Insurance Enrollment and Sliding Fee Scale

We will request information about your total household family income. As a HRSA and grant funded community clinic we must report our patient’s income levels every year. Your personal information will be kept confidential. We will also use this information to determine what insurance coverage or discount programs you would be eligible for. If you do not provide this information, we will still provide care to you. At BBFHC, **no one is denied care due to inability to pay.**

If you do not have insurance, you can request an appointment with our Enrollment specialists to assess your eligibility for Medi-cal. A Sliding Fee Scale Discount Program is available to provide affordable, income-based prices for visit/service fees.. There is no cost to apply. To apply for the SFS Discount, you will need to provide proof of income (If you pay taxes, bring a tax document. If you do not pay taxes, bring 2 paychecks for each household income earner.If you cannot provide either, ask a staff member about your options).

We look forward to building a lasting and positive relationship with you as your primary care provider.



CONSENT FORMS INCLUDED BELOW:

As indicated in the registration forms, we are providing you herein with detailed information on the consent forms listed below that were signed at registration:

- Authorization for Treatment**
- Notice of Privacy Practices
- Health Information Exchange, including Vaccine Registry**
- Authorization for e-Prescribing
- Authorization for Contact in Case of Breach of Privacy
- Authorization for Electronic Communication
- Limited HIPAA Waiver for Remote Services
- Telemedicine Consent**
- Patient Rights and Responsibilities
- Notice of advance directives**

****Forms to be Reviewed and Signed Annually**

AUTHORIZATION FOR TREATMENT

Medical care at our facility is a comprehensive patient care service that addresses a wide range of medical needs for patients of all ages, irrespective of gender, color, race, creed, national origin, or disability. The purpose of medical care is to:

- Treat diseases, injuries, and disabilities through examinations, tests, and procedures that aid in diagnosis and treatment.
- Gather necessary information for diagnosing and examining patients.
- Prevent or minimize residual physical and mental disabilities.
- Assist patients in reaching their maximum potential within their capabilities.
- Speed up recovery and reduce the duration of functional rehabilitation.

I understand that I have the right to make decisions about my medical care, and that all procedures, treatments, and health education sessions are voluntary. I understand that my doctor or other health care provider will provide information about any recommended treatment or procedure. If I am unable to follow the recommended medical plan of care, I will inform my health care team.

I am aware that I can still receive other services at this clinic, even if I choose to refuse a particular service. I retain the right to change my mind regarding the services I am currently receiving and I can request to stop a treatment or procedure at any time.

I acknowledge that I have read the Authorization for Treatment and Patient's Rights and Responsibilities and I am aware that I can request copies of the documents from Brighter Beginnings.

Notice to Patients

For your personal safety, do not use any equipment without a staff member present.



NOTICE OF PRIVACY PRACTICES

Brighter Beginnings is committed to protecting your health information in compliance with the law. You can review the Notice of Privacy Practices available in the waiting room, by request, or by reviewing on our website: <https://www.brighter-beginnings.org/>

The Brighter Beginnings Notice of Privacy Practice states:

- That it is our obligation under the law to protect your personal health information.
- How we may use and disclose health information.
- Your rights related to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The Conditions that apply to users and disclosures not described in this Notice.
- The contact information to get further information about our privacy practices.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Health Information Exchange Consent

The providers at Brighter Beginnings Family Health Clinics (BBFHC) use an electronic medical record (EMR) system that allows for the electronic receipt, transmission, and storage of patient medical records and protected health information (PHI). This EMR system is HIPAA compliant and encrypted to protect your confidential information.

I understand that I have the right to revoke this consent at any time by sending a written statement to the Brighter Beginnings Family Health Clinics. Unless revoked, this consent is valid until the expiration date listed below (if blank: consent expires after 1 year).

What is HIPAA?

All medical records are confidential under federal regulations of the Health Insurance Portability and Accountability Act of 1996.

If I give my consent, what will you be able to do?

By signing this document and giving your consent, you will give BBFHC permission to access your electronic medical records from your health care providers and other health care organizations that also engage in the exchange of health information, including centralized pharmacy records.

Am I giving up my privacy rights If I give my consent?

Your right to privacy is not waived when you give BBFHC your approval to access your medical records via this platform. The confidentiality of your health information is not waived with this agreement.

What happens if I don't consent?

As a patient, you are not required to provide your approval or consent. You will still receive medical treatment based on the information made readily available to BBFHC, including any information you may provide. However, BBFHC may not have access to important information related to your health, treatment, and care should you choose not to consent.

Notification in Case of Breach of Confidentiality

Per HIPAA regulation, we are required to provide notice in the event of a breach of a patient's protected health information. Notice will be provided by mailing a letter, telephone, or verbally and authorization to notify the patient is continuous even if the patient terminates services with Brighter Beginnings. Your authorization of notification can be revoked by writing to the Brighter Beginnings Privacy Officer at 2727 Macdonald Ave, Richmond CA 94804.

Vaccination Registry Consent

Brighter Beginnings participates in a statewide database of immunizations and tuberculosis skin tests called the California Immunization Registry (CAIR). When a patient receives any immunization or tuberculosis skin test at Brighter Beginnings, this information is shared with the CAIR database.



CONSENT FOR E-PRESCRIBING & MEDICATION HISTORY

I understand that as a part of my electronic health record, Brighter Beginnings Family Health Clinic will transmit my prescriptions electronically as permitted, to the pharmacy that I delegate as my primary pharmacy provider. Additionally, Brighter Beginnings Family Health Clinic will obtain the history of all of my past prescriptions dating back two years from pharmacy benefit managers and I understand that those prescriptions will become a part of my electronic health record.

E-Prescribing greatly reduces medication errors and enhances patient safety.

Features of our **ePrescribe** program include:

- *Formulary and benefit transactions* - Provides us with information about which drugs are covered by the drug benefit plan.
- *Medication history transactions* - Provides us with information about medications you are already taking.
- *Fill status notification* - Sends us an electronic notice that your prescription has been picked up.

AUTHORIZATION TO CONTACT IN EVENT OF BREACH OF PHI

I authorize Brighter Beginnings to provide notice to me by mailing a letter, telephone, or verbally in the event of a breach of my protected health information (PHI) by Brighter Beginnings. Such conversation shall be documented by Brighter Beginnings.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, the letter, verbal, or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of Brighter Beginnings.

This authorization is continuous even after I terminate services with Brighter Beginnings. I understand that I have the right to revoke this authorization at any time by writing to the Privacy Officer at 2727 Macdonald Ave, Richmond, CA 94804.

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

As a convenience to me, I hereby request that Brighter Beginnings communicate with me regarding my treatment via electronic communications by (please check one box):

- I give permission to contact me by email only
- I give permission to contact me by text message only
- I give permission to contact me by email and text message
- Please do not contact me by email or text message

I understand that this means Brighter Beginnings and/or my treating providers will transmit my protected health information such as information about my appointments, diagnosis, medications, progress and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization will not be encrypted. As the



electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties. For this reason, it is recommended that any highly confidential communications take place in person, via telephone or via US Postal Service in order to protect your confidentiality.

I understand that in the event I no longer wish to receive electronic communications from Brighter Beginnings, I may revoke this authorization by providing written notice to Brighter Beginnings at 2727 Macdonald Ave Richmond, CA 94804. This authorization does not allow for electronic transmission of my protected health information to third parties, and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

Brighter Beginnings Limited HIPAA Waiver for Remote Services

During the COVID-19 pandemic, some of Brighter Beginnings services will be provided outside of the Brighter Beginnings buildings through alternative means (i.e., by phone or electronically through online/virtual platforms). All our services are confidential, however the delivery of services through alternative means presents unique confidentiality limitations.

By consenting to the virtual services through a virtual platform, you agree that these services will be private and confidential and only those that you approve of will be able to listen or observe. You agree that you or anyone else in your home will not record the delivery of any services.

We strive to protect your private health information within our HIPAA compliant electronic case records which include progress notes and treatment/case management individual plans.

There may be technology we deem useful to use with you or your child in the course of our treatment or case management, which is too new or was not designed to be used clinically and may not comply with HIPAA standards.

These include but are not limited to: Digital games used for play therapy (for example, Xbox, Nintendo, PlayStation consoles and PC games, etc.)

If you consent to let us work with these technologies, we ask that you agree to a limited waiver of your HIPAA rights to privacy and understand although we will try with all due diligence to protect you or your child's privacy while and after using them, we may be limited in our ability to do so.



TELEMEDICINE CONSENT

1. I authorize Brighter Beginnings to allow me/the patient to participate in a telemedicine either by video or telephone (videoconferencing) services.
2. The type of service to be provided via telemedicine is: Primary Care Services/Behavioral Health Services.
3. I understand that this service is not the same as a direct patient/healthcare provider visit, because I/the patient will not be in the same room as the healthcare provider performing the service. I understand that parts of my/the patient's care and treatment which require physical tests or examinations may be conducted by providers and their staff at my/the patient's location under the direction of the telemedicine healthcare provider, i.e such as physical and mental assessments and vitals.
4. My/the patient's physician has fully explained to me the nature and purpose of the video-conferencing technology and has also informed me of expected risks, benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise during the telemedicine session, as well as possible alternatives to the proposed sessions, including visits with a physician in-person. The attendant risks of not using telemedicine sessions have also been discussed. I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.
5. I understand that there are potential risks to the use of this technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. I am aware that either my/the patient's healthcare provider or I can discontinue the telemedicine service if we believe that the video-conferencing connections are not adequate for the situation.
6. I understand that the telemedicine session will not be audio or video recorded at any time.
7. I agree to permit my/the patient's healthcare information to be shared with other individuals for the purpose of scheduling and billing. I agree to permit individuals other than my/the patient's healthcare provider (i.e, interpreter) and the remote healthcare provider to be present during my/the patient's telemedicine service to operate the video equipment, if necessary. I further understand that I will be informed of their presence during the telemedicine services. I acknowledge that if safety concerns mandate additional persons to be present, then my or guardian's permission may not be needed.
8. I acknowledge that I have the right to request the following:
 - a. Omission of specific details of my/the patient's medical history/physical examination that are personally sensitive, or
 - b. Asking non-medical personnel to leave the telemedicine room at any time if not mandated for safety concerns, or
 - c. Termination of the service at any time.
9. When the telemedicine service is being used during an emergency, I understand that it is the responsibility of the telemedicine provider to advise my/the patient's local healthcare provider regarding necessary care and treatment.
10. It is the responsibility of the telemedicine provider to conclude the service upon termination of the video-conference connection.
11. I/the patient understand(s) that my/the patient's insurance will be billed by both the local healthcare provider and the telemedicine healthcare provider for telemedicine services. I/the patient understand(s) that if my insurance does not cover telemedicine services I/the patient will be billed directly by both the local healthcare provider and the telemedicine healthcare provider for the provision of telemedicine services.
12. My/the patient's consent to participate in this telemedicine service shall remain in effect for the duration of the specific service identified above, or until I revoke my consent in writing.
13. I/the patient agree that there have been no guarantees or assurances made about the results of this service.
14. I/the patient acknowledges that the BBFHC Late/Cancellation policy also applies to telemedicine visits: if a patient no-shows or sameday cancels for 3 appointments in 6 months, they will not be able to schedule future appointments and will be limited to same day appointments only, as available. The patient's ability to schedule would be reassessed after 3 months.
15. The telehealth appointments can take place up to 15 minutes before or after the scheduled time.



PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights

- A. Access to Care: Individuals shall be accorded impartial access to treatment or accommodations as to their requests and needs for treatment or services that are within the health clinic's capacity, availability, its stated mission and applicable law and regulation.
- B. Respect and Dignity: All individuals, whether adult, adolescent or newborn, have the right to considerate, respectful care at all times and under all circumstances, with recognition of their personal dignity and the psychosocial, spiritual and cultural variables that influence their perceptions of illness.
- C. Privacy and Confidentiality: The patient (or his/her parent or legal designated representative) has the right, within the law, to personal and informational privacy, as manifested by the right to:
 - 1. Receive appropriate treatment in the least restrictive setting available.
 - 2. Refuse to talk with or see anyone not officially connected with the health clinic, including visitors, or persons officially connected with the health clinic but who are not directly involved in his/her care.
 - 3. Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
 - 4. Be interviewed and examined in surroundings designed to assure reasonable audiovisual privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex.
 - 5. Expect that any discussion or consultation involving the patient's case, whether adult, adolescent or newborn, will be conducted discreetly, and that individuals not directly involved in his/her care will not be present without his/her permission.
 - 6. Have the right to review his/her medical records and have the information explained, except when restricted by law.
 - 7. Have the medical records read only by individuals directly involved in the treatment or the monitoring of its quality, and by other individuals only on the patient's (or his/her parents or legal designated representative) written authorization. When the records are released to insurers, that confidentiality is emphasized.
 - 8. Expect all communications and other records pertaining to his/her care, including the source of payment for treatment, to be treated as confidential.
 - 9. Be placed in protective privacy when considered necessary for personal safety.
- D. Personal Safety: The patient, whether adult, adolescent or newborn, has the right to expect reasonable safety insofar as the health clinic practices and environment are concerned. This includes the right to a humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal reasons.
- E. Identity: The patient (or his/her parent or legal designated representative) has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care.
- F. Information: The patient (or his/her parent or legal designated representative) has the right to obtain from the practitioner responsible for coordination of his/her care complete and current information concerning his/her diagnosis (to the degree known) treatment and any known prognosis.
- G. Communication: When the patient (or his/her parent or legal designated representative) does not speak or understand the predominant language of the community, he/she should have access to an interpreter.



- H. **Consent:** The patient (or his/her parent or legal designated representative) has the right to the information necessary to enable his/her, in collaboration with the health care practitioner, to make treatment decisions involving his/her health care that reflect his/her wishes.
- I. **Consultation:** The patient (or his/her parent or legal designated representative) has the right to accept medical care or to refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. When refusal of treatment by the patient (or his/her parent or legal designated representative) prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.
- J. **Transfer and Continuity of Care:** A patient has the right to expect that the health clinic will give necessary health services to the best of its ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, the patient will be informed of risks, benefits and alternatives.
- K. **Delineation of Patient's Rights:** The rights of the patient may be delineated on behalf of the patient, to the extent permitted by law, to the patient's guardian, next of kin or legally authorized responsible person.
- L. **Rules and Regulations:** The patient (or his/her parent or legal designated representative) should be informed of the health clinic rules and regulations applicable to his/her conduct as a patient.

Patient Responsibilities

- A. The patient (or his/her parent or legal designated representative) has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- B. The patient (or his/her parent or legal designated representative) has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.
- C. A patient (or his/her parent or legal designated representative) is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care.
- D. The patient (or his/her parent or legal designated representative) is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions. If the patient cannot follow through with the treatment, he/she is responsible for informing the practitioner primarily responsible for his/her care.
- E. The patient (or his/her parent or legal designated representative) is responsible for following health center rules and regulations affecting patient care and conduct.
- F. The patient (or his/her parent or legal designated representative) is responsible for being considerate of the rights of other patients and personnel. The patient is responsible for being respectful of the property of other persons and of the health clinic.
- G. A patient's health depends not just on his/her care but, in the long term, on the decisions he/she makes in his/her daily life. He/she is responsible for recognizing the effect of lifestyle on his/her personal life.



ADVANCE DIRECTIVE

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 he or she should lose decision making capacity. Advance Directives are the following written instruments: The Living Will and The Durable Power of Attorney for Health Care.

The Living Will

Any adult person may, at any time, make a written declaration directing the withholding or withdrawal of life-sustaining procedures in the event such person should have a terminal and irreversible condition or is in a continual, profound comatose state with no reasonable chance of recovery.

The Durable Power of Attorney

Any adult person may, at any time, through execution of a Durable Power of Attorney, designate another person to make treatment decisions for him/her in the event such person is unable to participate actively on his /her own behalf.

Please read the following statements:

- I have been informed of my rights to formulate advance directives.
- I understand Brighter Beginnings can provide me with an Advance Directive form.
- I understand that I am not required to have an advance directive in order to receive medical treatment at Brighter Beginnings.

Additional Information on advance directives:

It is your right to make decisions about medical treatment.

You can use an Advance Health Care Directive to say who you want to speak for you and what kind of treatments you want in case that you ever become too sick to make decisions about your healthcare.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a Power of Attorney for Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

Who can make an advance directive?

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

Who can I name as my agent?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

When does my agent begin making my medical decisions?

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

How does my agent know what I want?

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in



your advance directive.

What if I don't want to name an agent?

You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible or you can say that you would not want treatment to continue your life. You can also express your wishes about the use of pain relief or any other type of medical treatment. Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

What if I change my mind?

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

What happens when someone else makes decisions about my treatment?

The same rules apply to anyone who makes healthcare decisions on your behalf: a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest. The people providing your healthcare must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

Will I still be treated if I don't make an advance directive?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Remember that:

- A POWER OF ATTORNEY FOR HEALTH CARE lets you name an agent to make treatment decisions for you. Your agent can make most medical decisions-not just those about life-sustaining treatment when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.
- You can create an Individual Healthcare Instruction by writing down your wishes about your health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Individual Healthcare Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be making decisions about treatment on your behalf.

If you wish to complete an Advance Directive and/or designate a Power of Attorney, Brighter Beginnings Staff can provide you with a form to complete:
<https://calhospital.org/file/advance-health-care-directive/>