

## DeLeo Family Medicine, PC

145 Sawkill Rd.  
Kingston, NY 12401  
Phone (845) 853-7003  
Fax: (845) 853-7002

Lower Granite Road  
PO Box 230  
Kerhonkson, NY, 12446  
Phone: (845) 626-3445

**Welcome to DeLeo Family Medicine, PC.** Our goal is to provide optimal health care, for you, the patient, in a caring, efficient and professional manner. One of the ways we accomplish this is by being a “PCMH” patient-centered medical home practice.

**What does PCMH mean to you, our patient?** It means that we have a team of professionals who work with you and your family to deliver and coordinate your health care 24/7.

We offer a wide range of medical services which includes Geriatrics, Pediatrics, Dermatology, Adult Medicine, Women’s and Men’s Health Issues, and minor mental health issues. Special emphasis is placed on Wellness and Preventative Care.

Each of the DeLeo Family Medicine providers listed below has been committed to providing quality medical care to the Hudson Valley for over 30 years:

**Dr. Rosemary DeLeo, Board Certified Family Physician**  
**Dr. Mary Benoy, Board Certified Family Physician**  
**Dr. Rachel Drummond, Board Certified Family Physician**  
**Dr. Brittany Furrow, Board Certified Family Physician**

**Allyne Frankel, Nurse Practitioner**  
**Donna Siegel, Registered Physician Assistant**  
**Alan Glickman, Nurse Practitioner**

**As a New Patient you have been assigned to a team consisting of your Primary Care Provider, their nurse and scheduler. Your assigned provider will see you for your Physical Exams and follow up appointments. We also make every attempt to schedule you with your assigned provider for any acute illness visits, however; this may not always be feasible based on that provider’s patient schedule on any given day. This means it may be necessary for you to be seen by one of our other providers.**

**At least one week prior to your initial appointment, we require the following items to be returned to our office. They can be mailed or dropped off to DeLeo Family Medicine, PC, 145 Sawkill Rd, Kingston, NY 12401.**

- 1) The completed New Patient Packet Information and Adult History forms which are enclosed.
- 2) A photo ID **(please bring at your first visit)**
- 3) Your insurance card(s) and if required by your insurance, make sure to notify them which one of our providers you have selected as your (PCP) Primary Care Provider before your 1<sup>st</sup> appointment. If this is not done, we may have to cancel your appointment, or you will be financially responsible for the bill.
- 4) A list of all your medications, dosage, and how often you take it. If possible, please bring in your medication bottles when you come in for your first appointment.
- 5) A list of all other providers you are seeing for your medical care needs so that we may consult with another provider for your medical care, this information should be brought to our attention as it occurs throughout your medical care with us.
- 6) The completed, signed and dated enclosed “Authorization to Disclose My Protected Health Information” form.
- 7) The signature page (signed and dated) on the enclosed **DeLeo Family Medicine, PC’s “Notice of Health Information Practices.”** This information outlines the protection of sensitive protected health information as it pertains to you, the patient.

**Also enclosed is the “Authorization for Release of Medical Information”, it is very important that you give this release form to your previous provider upon receipt of this packet since no appointment can be made until we have received your medical records.**

**\*PLEASE KEEP THIS PACKET FOR YOUR RECORDS\***

DeLeo Family Medicine, PC

145 Sawkill Rd.  
Kingston, NY 12401  
Phone (845) 853-7003

Lower Granite Rd. (Tuesday Only)  
Kerhonkson, NY 12446 8:30am-4:00pm  
Phone (845) 626-3445

DeLeo Family Medicine's Kingston's normal office hours with the exceptions of certain holidays and emergencies are Monday through Thursday 8:00AM to 5:00PM and on Friday, 8:00AM to 3:00PM.

Our phone line (845) 853-7003 is available from 8:00AM to 4:30PM, Monday through Thursday and on Friday, 8:00AM to 3:00PM.

**From time to time you will receive calls from members of our staff and your caller ID will indicate a different number than our main number (845) 853-7003. Please note that these numbers are not to be used to contact our office for any reason, they are strictly out-going phone numbers. If you call us at these numbers no one will answer.**

**"Emergency After Hours"**

**If an emergency should arise when our office is closed an emergency On Call system does exist. However, in the event of a true emergency (life threatening or urgent medical problem) use the emergency room or call 911.**

DeLeo Family Medicine provides medical coverage (7) days a week, (24) hours a day.

**"Our On-Call coverage time" starts at 5:00PM weekdays and continues to 6:00AM the following day. Weekend coverage is provided from 5:00PM Friday to 6:00AM Monday. To avoid using the emergency number for non-emergent situations, please keep your prescriptions (RX's) up to date and not wait until 5:00PM or the weekend to call. Thank You.** Just call our office at (845) 853-7003; you will receive a message that will provide you with the telephone number of our answering service. Call that answering service and tell them the problem, who you are if calling for the patient, the patient's normal provider and a telephone number where you can be reached. Please make sure they have your telephone number correct by asking them to repeat it to you. Then be readily available to answer the phone number you have provided. **We ask that you disable your phone to receive blocked calls. If the provider does not call you back within 30 minutes, call back the answering service and make sure the message was sent out.**

When the On-Call provider does call, please provide your name and who is your regular provider. Give them a brief explanation of the problem and provide your age, any temperature, chronic problems, what medications you are taking and any allergies. You should also be able to provide your pharmacy and the pharmacy's telephone number.

The On-Call provider may then give you advice and recommend you being seen at the office the next day. If they feel your medical issue requires it, they will refer you to the emergency room. A record of your interaction with the On Call provider will be forwarded to us, however, we would like to know how you are feeling so please call our office in the morning the next day at (845) 853-7003 and let us know.

**If for some reason you are not able to get through to our office after our office hours, you may contact our answering service directly at (845) 334-2011.**

# **Notice of Health Information Practices- Effective April 14, 2003**

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

## **Introduction:**

At DeLeo Family Medicine, PC, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective (April 1, 2003), and applies to all protected health information as defined by federal regulations.

## **Understanding Your Health Record/Information:**

Each time you visit DeLeo Family Medicine, PC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal documents describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in education health professionals
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its' accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights:**

Although your health record in the physical property of DeLeo Family Medicine, PC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities:**

DeLeo Family Medicine is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction and,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail the revised notice to the address you've supplied us or provide you with a copy at your next appointment.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also continue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

#### **For More Information or to Report a Problem**

If you have any questions and would like additional information, you may contact the practice's Privacy Officer, Pam Parmelee, at 845-853-7003.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SB, Room 509F, HHH-Building  
Washington, D.C. 20201

#### **Examples of Disclosures for Treatment, Payment and Health Operation**

##### **We will use your health information for treatment.**

For Example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations for the members of your health care team. Members of your health care team will know how you are responding to treatment

##### **We will use your health information for payment.**

For Example: a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identified you, as well as your diagnosis, procedures, and supplies used.

##### **We will use your health information for regular health operations.**

For Example: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund-raising activities, and conducting or arranging for other business activities.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, billing and transcription. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, person representative, or another person responsible for your care and general condition.

**Marketing:** We may contact you to provide appointment reminder or information about alternatives or other health-related benefits and services that may be of interest of you.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or together similar programs established by law.

**Correctional Institution:** Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

*Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.*

## **DeLeo Family Medicine, PC- Portal Access**

When you have completed the Patient Portal Consent Form please give the copy marked **“please return to our receptionist”** at your office visit appointment.

Within 48 hours, we will input your e-mail information into your Athena Electronic Patient Medical Records. This will automatically generate an invitation to your e-mail directing you to our Athena Patient Portal website and how to create your DeLeo Family Medicine account.

Once you have established your user ID and Password you will be able to access your medical records through this website: **<https://3549.portal.athenahealth.com>**

-Once on this website you'll see the **“Welcome to the NY- DeLeo Family Medicine, P.C. Patient Information Center”**, enter your e-mail and password and sign-in. The next screen to appear has a column on the right indicating the various options available to you.

-We recommend you set up your security questions in case you have a problem logging into your portal account in the future. You can do this by clicking on the left-hand column on **“My Profile”** and then click on **“Security Settings”**. From there you can choose from the drop downs and create security questions and answers. Please click **“save”** when you are finished.

- To review the other category selections available, just click on the specific Category on the right and make your choice selections.

### **Important Please Note the following:**

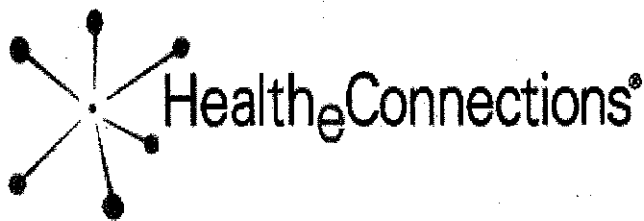
**This website is for informational purposes only and does not allow instant messaging, e-mail exchanges with your provider during or after office hours.**

**You cannot schedule appointments through this portal however; you can inform us of your medical need for a non-urgent appointment.**

**Urgent messages should not be sent through this portal access**

**but called in to our office at (845) 853- 7003.**

# Connecting you to better care.



Your healthcare provider is a member of HealthConnections, which means they can access your health information electronically with your consent. By giving consent, you not only simplify the information collection process for your provider, you also help ensure that they are able to give you the highest quality of care possible, particularly in a crisis.

## Here's how HealthConnections works:

When you give your provider consent to access your health information through HealthConnections, they'll be able to see:

+ Test and Lab Results  
+Allergies  
+Notes from Specialists

+Images/X-Rays  
+Medications  
...and so much more

They'll be able to make better informed  
decisions about you and your care.

## There are some important benefits to consenting:

**SAVE TIME.** Because information is literally at your provider's fingertips, they can avoid the time and hassle of making phone calls or waiting for faxes. This saves time for them, and for you!

**SAVING MONEY.** Having access to your information helps reduce the potential for unnecessary and/or repeated tests, and that can save you money.

**KEEPING YOU SAFE.** Adding providers to your circle of care can increase the volume of information you need to keep track of at each visit. However, when your healthcare information is available through one secure source, you can rest assured that the medical services you receive are based on the most comprehensive, up-to-date information about you.

**KEEPING YOUR INFORMATION SAFE.** HealthConnections has earned the highest standard of national security certification in the country, HITRUST. And, because it is stored electronically, it is more secure than paper records and can be audited. Your information is just as secure, if not more so, than your money in the bank!

**CREATING THE MOST COMPLETE RECORD OF CARE.** Hospitals, laboratories, radiology centers, doctors' offices, pharmacies and other healthcare organizations all participate in HealthConnections.

## Give your consent for better care today.

With HealthConnections, your provider is using and can contribute to your most complete record of care. By signing the consent form, you're giving them another tool to help them provide you with the best care.

443 N. Franklin St. Suite 001  
Syracuse, NY 13204  
T (315) 671-2241 ext. 5  
F (315) 407-0053

To learn more about HealthConnections and our mission, please visit us at [healthconnections.org](http://healthconnections.org)

**Details about the information accessed through HealtheConnections and the consent process:**

1. **How your information May be used.** Your electronic health information will be used only for the following healthcare services:
  - a. Treatment Services. Provide you with medical treatment and related services
  - b. Insurance Eligibility Verification. Check whether you have health insurance and what it covers.
  - c. Care Management Activities. These include assisting you in obtaining appropriate medical care, improving the quality of services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
  - d. Quality Improvement Activities. Evaluate and improve the quality of medical care provided to you and all patients.
2. **What Types of information about You Are Included.** If you give consent, the Provider Organization and/or Health Plan listed may access ALL your electronic health information available through HealtheConnections. This includes information created before and after the date this form is signed. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results, (like x-rays or blood tests), and lists of medicines you have taken. This information may include sensitive health conditions, including but not limited to:
  - i. Alcohol or drug use problems
  - ii. HIV/AIDS
  - iii. Birth Control and abortion (family planning)
  - iv. Genetic (inherited) diseases or tests
  - v. Mental Health conditions
  - vi. Sexually Transmitted Diseases

If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnosis, medications and dosages, lab tests, allergies, substance use history, trauma history, hospital discharges, employment living situation and social supports, and health insurance claims history.

3. **Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program and other organizations that exchange health information electronically. A complete, current list is available from HealtheConnections. You can obtain an updated list at any time by checking HealtheConnections website at <http://healtheconnections.org/> or by calling 315.671.2241 x5.
4. **Who May Access Information About You, if You Give Consent.** Only doctors and other staff members of the Organization(s) you have given consent to access, who carry out activities permitted by this form, as described above in paragraph one.
5. **Public Health and Organ Procurement Organization Access.** Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through HealtheConnections for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
6. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call the Provider Organization directly by accessing their contact information on the HealtheConnections website at <http://healtheconnections.org/>; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the Federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
7. **Re-Disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
8. **Effective Period.** This Consent Form will remain in effect until the day you change your consent choice or until such time as HealtheConnections ceases operation (or until 50 years after your death, whichever occurs first). If HealtheConnections merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.
9. **Changing Your Consent Choice.** You can change your consent choice at any time and for any Provider Organization or Health Plan by submitting a new Consent Form with your new choice. Organizations that access your health information through HealtheConnections while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision, they are not required to return your information or remove it from their records.
10. **Copy of Form.** You are entitled to get a copy of this Consent Form.