



Welcome to WMCHC!

Patient Handbook

White Memorial Community Health Center

1828 East Cesar E. Chavez Avenue
Los Angeles, CA 90033

1701 East Cesar E. Chavez Avenue
Los Angeles, CA 90033

Medical Plaza III

Suite 4100: Dental
Monday-Friday: 8am-5pm

Suite 4300: Family Medicine, & OB/GYN
Monday-Friday: 8am-5pm

Suite 5000: Pediatrics, Family Medicine,
& Mental Health
Monday, Wednesday, Friday: 8am-5pm
Tuesday, Thursday: 8am-7pm
Saturday: 9am-3pm

Medical Plaza I

Suite 456: Family Medicine & Mental
Health
Monday – Friday 8am-5pm

Phone: (323) 987-1200

Fax: (323) 987-1212



Dear New White Memorial Community Health Center Patient:

Welcome to our clinic where we consider it an honor to serve you! Our goal is to provide you with high-quality, compassionate health care in a respectful manner.

Throughout our years of service to the people of the East Los Angeles/Boyle Heights community, our programs and services have continued to grow to help patients achieve the best quality health care options possible. Please read the information in this packet to learn more about our services.

Your patient experience here at WMCHC is most important to us.

Again, welcome to WMCHC!

Grace Floutsis, MD
Chief Executive Officer & Chief Medical Officer



OUR SERVICES

Adult & Pediatric Medicine

Our Family Medicine and Pediatric providers handle a wide range of health needs in person or through telehealth when appropriate. Our staff help keep patients healthy by providing excellent treatment for acute illness, as well as physicals, immunizations, check-ups, and routine screenings.

General Dental Services for Patients of All Ages

Our Dental Clinic offers many dental services. These services include routine dental examinations, cleanings, fluoride treatments, sealants, fillings, extractions, and other procedures. Our state of the art facility houses six (6) operatories with digital x-ray units, a panoramic digital x-ray unit, and electronic dental records.

Prenatal Care and Women's Health Services

We offer a full range of women's healthcare services here at WMCHC. Our qualified providers deliver preventive care, such as regular gynecological checkups and pap smears, and screenings for breast, colon, and cervical cancer. Our providers also provide you with family planning services, such as information on the different types of birth control, pregnancy tests and the prevention of and screenings for sexually transmitted infections (STIs). Finally, if you are considering having children or are already pregnant, we offer an extensive prenatal program to ensure a safe pregnancy and birth, and a healthy baby. Our providers are available for all of your healthcare needs.

Mental Health Services

At WMCHC, we understand that emotional wellbeing can have a significant impact on physical health. Knowing this, we have fully integrated behavioral healthcare services into our comprehensive primary healthcare program. Our trained and certified behavioral specialists care about our patients' mental



wellbeing. Through individual and family therapy sessions, our specialists help patients of all ages to understand their mental health and empower them to live their life to the fullest potential.

Specialty Referrals

WMCHC has developed partnerships with a variety of medical specialists to provide specialty care services for our patients both on-site and in the community. We also coordinate patient care with your insurance/IPA to get our patients the best care they deserve.

Interpreter Services

We are committed to offer the best services to Limited-English speaking patients and their families. The majority of staff are able to speak English and Spanish, as well as other languages and are available during the Clinic hours of operation. In certain situations, when an in-person interpreter is not available for a specific language, we may utilize telephonic or video remote interpretation. When assisting American Sign Language patients, we offer LanguageLine Solutions videos available via an iPad. These services are provided free of charge.

Telehealth Visits

Available for any service when appropriate.

After hours

Telephone coverage is provided 24 hours per day by calling our main number at (323) 987-1200.

Transportation & Parking

WMCHC is easily accessible by both the Metro bus line and the Metro Gold Line train. For more information, visit <https://www.metro.net/>



Also, many insurance plans provide members with both emergency and non-emergency transportation benefits to see providers and to obtain medically necessary covered services at no cost. Consult your plan handbook or call Member Services for your plan for complete details.

Parking is available in the parking structures. WMCHC validates for one hour.

Patient Benefits

WMCHC accepts most major health plans, including Medi-Cal and Medicare. If you need coverage, we can help you enroll you into a plan that is the right fit for your family and budget. Our Certified Enrollment Counselors are on hand to help families with assessing and enrolling patients into many health programs offered by local, state, and federal government to give you the best options for covering the cost of care.

Sliding Fee discounts are also available based on family size and income.

Information about the kinds of insurance we accept and the sliding fee discount programs are available on our website.

No one will be denied access to services due to an inability to pay.



NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

It is the policy of White Memorial Community Health Center (WMCHC) to preserve the rights and responsibilities of every patient and adhere to ensuring safe, secure, and respectful environment for everyone- patients, visitors, providers, and employees.

It is our expectation that all individuals demonstrate civil and respectable behavior while on our premises.

We explicitly prohibit:

- Abusive language including threats and slurs
- Sexual Harassment
- Physical assault
- Weapons

To maintain a safe, secure, and respectful environment for all, we reserve the right to take appropriate measures to address abusive disruptive, inappropriate or aggressive behavior.

YOUR RIGHTS

- You have the right to receive respectful, compassionate care in a safe and non-threatening environment regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- You have a right to know the identity and professional status of all health care team members providing your care.
- You have the right to be informed about your diagnosis and prognosis, if it is known, and to be informed about the risks and benefits of all treatment options offered to you. You have the right to written informed consent prior to any non-emergency medical procedure.
- You have the right to choose a primary care provider (PCP) and to transfer your care to another PCP within the health center or to another practice.
- You have the right to confidentiality and can expect that communications and records of your care are confidential, unless disclosure is permitted or required by law.
- You have the right to inspect your health records upon request and to receive a copy of your health records. The fee will be determined by the copying expenses. You have the right to receive a list of people to whom your records have been disclosed.
- You have the right to privacy during treatment within the capacity of the facility.
- You have the right to request the presence of an escort during any type of examination.
- You and any family or friends you designate have the right to participate fully in decisions about your care, including the right to refuse treatment.
- You have the right to communication that you can understand, including provision of language interpretation services, if needed, at no cost to you.



- You have the right upon request, to receive information regarding opportunities for financial assistance and free health care services.
- You have the right to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing your access to care.
- You have the right to refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- You have the right to life-saving treatment in an emergency without discrimination related to economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment, unless such delay can be imposed without material risk to your health.
- You have the right to examine and receive an explanation of your itemized bill, including 3rd party reimbursement, regardless of the source of payment.
- You have the right to voice your concerns about the care you receive.

YOUR RESPONSIBILITIES

- You are expected to provide complete and accurate information regarding your name, date of birth, address, telephone number, and insurance carrier, when requested.
- You are expected to provide complete and accurate information about your health and medical history.
- You are expected to keep scheduled appointments, be on time, and call ahead if you cannot keep an appointment.
- You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for informing your provider. You are responsible for the outcome if you do not follow the plan of care recommended by your provider.
- You are expected to treat all staff and other patients with respect and not to behave in a disruptive, disrespectful, or threatening manner.
- You are expected to provide information necessary for claim processing and to be prompt in payment of your bills.
- You are prohibited from recording clinical encounters, either audio or video, without the knowledge and consent of the provider or staff under California Penal Code § 632.

Get access to your healthcare anywhere, anytime!



Send and receive messages with your provider.



Request appointments.



Request refills.



View Lab Results.



View your medical records.

Setting up Healow

Step 1: Download the Healow application on your phone.

DOWNLOAD THE FREE HEALOW APP



Step 2: Press “Get Started” and enter your information.

Step 3: Select “I have a Practice Code” and enter our code: **JECHBA**. Verify our practice.

Step 4: Sign in by verifying your number. Enter patient information or username and password.

Frequently Asked Questions:

How can I send a message or an e-mail to the practice?

Sign on the portal, then click on either the Message the practice or Ask the Doctor option under My Account.

How can I request an appointment?

Sign on to the portal, then click the New Appointment option under appointments.

How can I refill my medication?

Sign-in on the portal, then click the Refill Medications option under Messages.



How can I view my lab results?

You can view your lab/diagnostics results under Medical Records by clicking on Lab/Diagnostics Results.

How can I view my current medical record?

Sign on to the Portal, then click the Request PHR button under Medical Records. You can also access your medical records by clicking Personal Health Record under the Medical Records category.

Account information

Request your account information from our office:

<https://wmchealthcenter.org/wmchc-patient-portal-access-request-form/>

Sign into the Patient Portal at:

<https://health.healow.com/wmchc>

FREQUENTLY ASKED QUESTIONS

What can I expect after my visit?

After each visit, your “After Visit Summary” which will contain a general outline of your visit and current state of health will be available on the Patient Portal.

How do I cancel or reschedule an appointment?

We respectfully request that you cancel or reschedule appointments within 24-hour notice or more by responding to the reminder text messages, through the Patient Portal, or by calling 323-987-1200. Early notification of your change of plans is appreciated so that we may offer that appointment to another patient in need. We will be happy to assist you in rescheduling your appointment for another date/time.

What is WMCHC's late policy?

We request that you check-in 15 minutes prior to your appointment time. Patients who arrive more than 10 minutes after his or her appointment time are considered late, and the appointment may be rescheduled for another day/time. If you are scheduled for a dental procedure, you may be rescheduled if you arrive after your appointment time.

How can we reach you “after hours?”

WMCHC is open from Monday, Wednesday, and Friday 8 a.m. to 5 p.m., Tuesday and Thursday 8 a.m. to 7 pm, and Saturday 9 a.m. to 3 p.m. (subject to change). Should you need to reach us after the practice is closed, call our main line at 323-987-1200. Your phone call will be forwarded to our after-hours phone line, where information about your urgent concern will be collected. If you need to communicate directly with the provider, a message will be sent to a provider who will call you back.

Does WMCHC take my insurance?

We participate with most major insurers, including Medi-Cal, Medicare, and private insurance. A list of participating health plans/insurers can be found on our website - <https://wmchealthcenter.org/health-plans-accepted/>.

If you don't have insurance, you may be eligible for financial assistance. We will help you enroll in appropriate programs.

What payments am I responsible for?

Patients are responsible for co-payments, unmet deductibles, and non-covered services at the time of their visit. Payment in full is also expected at the time of your visit if WMCHC does not participate with your insurance plan.

How do I file a complaint?

Complete a Grievance Form onsite at the clinic. You can also call 323-987-1200 to request the form or ask to speak to a manager.

NOTICE OF PRIVACY PRACTICES - Your Information. Your Rights. Our Responsibilities.

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

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic health record
- Correct your paper or electronic health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information

- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory

- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Coordinate your care
- Help with public health and safety issues
- Do research

- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal action

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- You can ask us to deactivate your registration in a secure health information exchange platform that is used to coordinate your care with other organizations that provide you medical services throughout LA County. At your

request, we will ensure that your health data at WMCHC is not shared with external organizations that provide you care and that WMCHC does not receive your health data from external organizations that provide you care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Coordinate your care

We can securely share and receive your health information to better coordinate your care with other organizations that provide you care throughout LA County.

Example: We share your medical record with a hospital that is proving you care so they can understand your medical history and better treat you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

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 web site. Effective Date 12/06. Privacy Officer, White Memorial Community Health Center, 323-987-1200.