

**Patient Resource Guide**

**Welcome to Brooklyn Plaza Medical Center, Inc. (BPMC)**

***Promoting a Healthier Brooklyn for over 40 Years***

**Whitman Ingersoll Farragut Health Center**

**297 Myrtle Avenue, Brooklyn NY 11205**

**718.596.8000**

*Hours of Operation*

Monday - Friday:

8:00am -5:00pm

Saturday & Sunday: Closed

**Brooklyn Plaza Medical Center**

**650 Fulton Street, Brooklyn NY 11217**

**718.596.9800**

*Hours of Operation*

Mon, Wed - Fri:

8:00 am-5:00 pm

Tues: 8:00 am – 8:00 pm

Sat: 9:00 am- 5:00 pm

Sunday: Closed

**School Based Health Center Benjamin Banneker High School**

**77 Clinton Avenue, Brooklyn NY 11205**

**718.797.3702 Ext. 5060/5063**

**718.834.4391 Ext. 120**

*Hours of Operation*

Monday – Friday: 8:00am -4:00pm

Saturday & Sunday: Closed

*Affiliated with Community Care of Brooklyn, HEALTHIX, National Association of Community Health Centers and PCDC*

**New Patient Welcome Message**

Welcome to Brooklyn Plaza Medical Center, we have been serving the Brooklyn community for over 40 years! We thank you for entrusting us with your healthcare needs and are honored that you have chosen us to be your partner in healthcare. The Patient Resource Guide was created to help you understand our processes, your rights, what you can expect from us and how to be an advocate in your own healthcare.

Achieving our patients’ optimal physical and mental health is our number one priority. Our goal is to provide comprehensive, compassionate, evidence-based, quality healthcare to all individuals, regardless of their ability to pay or insurance status, in a comfortable and safe environment.As an NCQA Patient-Centered Medical Home (PCMH), we follow best practices to provide continuous and coordinated care to all BPMC patients with the goal of improving health outcomes and reducing disparities.

BPMC uses a secure electronic health record system which includes a patient portal to provide you with 24/7 access to records, labs, and secure messages, anywhere and on any device. In addition, feel free to use our telehealth services, when necessary, to complete a virtual visit with your clinician in the comfort of your home. With the support of our diverse and dedicated staff, we strive to provide culturally competent care in the language that you can understand. Please let us know how we can improve our services or simply let us know what you think about our Center. We welcome your thoughts and feedback!

**SCOPE OF SERVICES**

* Preventative health care (annual physicals, work physicals, school, camp and sports physicals)
* Internal Medicine
* Pediatrics
* Women’s health care and family planning
* Management of chronic or serious illness
* Oral Health Care
* HIV specialty care and hepatitis C treatment, including HIV testing & counseling, and support services
* Behavioral health services and case management
* Nutritional counseling
* Allergy
* Neurology
* Podiatry
* Medication Assisted Treatment (MAT)
* Screening Programs (Colorectal, Hypertension, HIV, Pregnancy)
* Health Education & Wellneaa

**APPOINTMENTs**

* Appointments (in person or telehealth) may be scheduled by calling our main telephone number, 718-596-9800, or once registered, through our Patient Portal.
* Telehealth appointments may be offered to established patients. When telehealth appointments are scheduled, please expect to receive an email with an appointment confirmation and instructions for joining the visit including an embedded link. The front desk receptionist may provide further instructions, if needed.
* At the initial visit, you may be asked to arrive early, and/or bring documents such as photo ID, proof of income, prior medical records, i.e., list of medications, hospital discharge records, immunization records.
* Please let us know if you would like free interpretation in your preferred language for your first visit or any future appointments.
* You will be asked to select a primary care clinician and future appointments will be scheduled with your selected clinician, unless otherwise directed.
* You will receive automated reminder calls prior to your appointment.
* Same day appointments will be available daily for any health care urgencies.
* Please be on time, patients who arrive late may experience extended wait times.
* We understand that sometimes due to unforeseen circumstances you may not be unable to make your appointment. Please call us as early as possible to cancel your scheduled appointment at least 24 hours in advance.

**Insurance Coverage & payments**

* We accept Medicaid, Medicare, and most insurance plans.
* As a federally qualified health center, we serve all patients regardless of their ability to pay.
* We offer a sliding discount program. If eligible, it will reduce the cost of care based on household income and family size.
* Co-pays or nominal fees are collected at check-in.

**YOUR PCMH CARE TEAM**

With the PCMH Care Model, your clinician will work with members of your care team, including nurses, care managers, medical assistants, specialists, social workers, and schedulers to plan a coordinated approach to your care. Your clinician will be responsible for planning your care and for keeping the team informed of your needs. This includes explaining procedures, treatments to you and with consent, your family. Feel free to reach out to your care team contacts, seen below, at 718-596-9800:

* Chronic Care Manager: E. Knight, ext. 240
* Nursing Station: A. Thomas, ext. 283
* Scheduler: V. Roman, ext. 274
* Nursing Director: D. Parris, ext. 289

**Prepare for your conversation with your Care team**

* The best way to be prepared for your visit is to have a list of what you want to talk about during your appointment, bring it with you, and bring that up first with your provider. Your Provider will have time to take care of two or three things during your visit.
* Bring in all the medications that you are currently taking, including over-the-counter medications, vitamins, and herbal supplements.
* Inform your care team when you have seen a provider external to BPMC, i.e. Specialty visit, ED/Urgent Care visit, hospitalizations.
* At each in person visit, please confirm your home, and email addresses, phone number, and health insurance.
* At the end of the visit, your clinician may request a follow-up appointment, which may be scheduled with a member of the care team.

**AFTER HOURS – 24/7**

BPMC remains available to its patients at any time when it relates to urgent clinical matters. An on-call clinician is assigned for each specialty. To reach the covering doctor, please call the main office number at 718.596.9800 for instructions on contacting the physician on call. For any emergencies, such as shortness of breath, chest pain or falls with injury, call 911 or go to the closest emergency room.

**TELEHEALTH SERVICES (VIRTUAL VISITS)**

BPMC also offers telehealth (virtual) services. Without leaving your home, you may obtain some health care services through your smartphone or tablet device. You will be connected within minutes for your scheduled telehealth video visit session, in which the provider will address your concerns, provide a diagnosis, order future labs or referrals, next steps and prescribe medication, if necessary.If you are unclear whether you need an in-office visit or televisit, please call your provider. If our provider determines that a video visit is best for you, we will provide instructions for a video visit.

**340B Prescription Drug Discount Program**
Patients who are eligible for the sliding fee discount may also be eligible to receive medications at a reduced cost, through the 340 B Prescription Drug Discount program by utilizing our pharmacy partners. One of our staff members or patient navigators will be happy to assist you with reducing the cost of your medicine. Simply **ASK US** to send your prescription to the pharmacy closest to you from our partner pharmacy list. Most offer free delivery.

**Refills**

If your medical provider gives you a prescription and you need a refill, you may not always need to make an appointment to request a refill. You can ask the pharmacy to send a refill request to us or you can have a telephonic visit to discuss your prescription refill. Please allow 72 hours for your refill request to be completed.

**PATIENT PORTAL**

The Patient Portal is our secure online medical records system that gives you more flexibility and easy access to your healthcare information. It is accessible on the internet via your computer, and as an app for your smartphone. To sign up online after your first appointment, visit our website at [www.brooklynplaza.org](http://www.brooklynplaza.org), and *click on patient portal tab* to get started.

The more you know about your healthcare, the greater our partnership can be. Having a “Patient Web Portal” account allows you to:

* Access and view test results upon receipt from the external lab companies.
* View your healthcare summary, current health conditions and health history.
* Securely communicate with our office online.
* View current medications and request prescription refills.
* View current allergies, immunizations, and preventative care screenings.
* View upcoming and past appointments.
* Contact our Office whenever you have a non-urgent question for your provider, you may send a secure message through the web portal.

**PATIENT EDUCATION**

Diabetes: <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-2-diabetes>.

<https://www.nyc.gov/site/doh/health/health-topics/diabetes-living-with-diabetes.page>

<https://www.nyc.gov/assets/doh/downloads/pdf/public/dohmhnews7-03-sp.pdf>

Heart Health: <https://www.nyc.gov/site/doh/health/health-topics/heart-disease-blood-pressure.page>

<https://www.nyc.gov/site/doh/health/health-topics/heart-disease-blood-pressure-sp.page>

<https://www.nhlbi.nih.gov/health/blood-cholesterol>

Obesity: <https://www.acponline.org/sites/default/files/documents/cme_moc/olc/patient_education/obesity_lifestyle_nutrition.pdf>

<https://www.nyc.gov/site/doh/health/health-topics/eating-well.page>

<https://www.nyc.gov/site/doh/health/health-topics/eating-well-sp.page>

Asthma: <https://www.nyc.gov/assets/doh/downloads/pdf/asthma/asthma-booklet.pdf>

<https://www.nyc.gov/assets/doh/downloads/pdf/asthma/asthma-booklet-sp.pdf>.

**PATIENT RESOURCES**

Below is a list of resources that may assist you in various areas.

* Health Information Tool for Empowerment (HITE): [www.hitesite.org](http://www.hitesite.org)
* [www.findhelp.org](http://www.findhelp.org)
* Crisis Services/Mental Health: Call 988
* Domestic Violence: Safe Horizons - <https://www.safehorizon.org/get-help/contact-us/>
* Housing: Homebase, DSS Office of Civil Justice
* Food Insecurity: The Campaign against Hunger, SNAP, City Harvest.
* Income/Employment: Human Resource Administration (HRA) Career Services, NYS Department of Labor Career Development Services.
* Legal Services: Legal Aid Society, Legal Service NYC, HRA Office of Civil Justice.

**PATIENTS’ BILL OF RIGHTS**

**As a patient, you have the right to ….**

* Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex gender identity, national origin or sponsor;
* Be treated with consideration, respect and dignity including privacy in treatment;
* Be informed of what services are available at the center;
* Be informed of the provisions for off-hours emergency coverage;
* Be informed of the charges of services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
* Receive an itemized copy of his/her account statement, upon request;
* Obtain from his/her health care practitioner, or the health care practitioner’s delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
* Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, in any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
* Refuse treatment to the extent permitted by law and to be fully informed of the medical consequence of his/her action;
* Refuse to participate in experimental research;
* Voice grievances and recommend changes in policies and services to BPMC staff, the operator and the New York State Department of Health without fear of reprisal;
* Express complaints about the care and services provided without fear of reprisals and be given a written response if you request it. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
* Privacy and confidentiality of all information and records pertaining to the patient’s treatment;
* Approve or refuse the release or disclosure of the contents of his/her medical record to any healthcare practitioner and/or health-care facility except as required by law or third-party payment contract;
* Access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title;
* Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
* When applicable, make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center;
* View a list of the health plans and the hospitals that the center participates with; and
* Receive an estimate of the amount that you will be billed after services are rendered.

**Patient’s Responsibilities**

**Patients not only have rights, but they also have responsibilities.** At BPMC, we believe in collaborating with you to provide good health outcomes. Thus, the care you receive as a patient depends, in part, on your active participation. By working with us and following the responsibilities listed below, you will help your healthcare team to give you the best care possible in a safe, healthy environment.

To the extent possible, BPMC requests that you, as our patient:

* **Provide information.** You and your family are responsible for providing your clinicians with accurate and complete information including present complaints, past illnesses, hospitalizations, medications, previous surgeries, allergies, noticed risks in care, unforeseen changes in your condition and other matters relating to your health.
* **Ask questions.** You and your family are responsible for asking questions when you do not understand what you have been told about your care, as well as honestly voicing your concerns with your providers.
* **Keep your appointments**. You and your family are responsible for being on time for your appointments whether it is in person or virtually or for contacting BPMC to cancel your appointment within 24 hours.
* **Follow instructions**. You and your family are responsible for cooperating with the agreed-on care, service, or treatment plan developed. You should express any concerns you have about your inability to follow and adhere with the proposed care plan or course of treatment.
* **Accept results**. You and your family are responsible for the consequences and outcomes if you do not follow the care, service or treatment plan.
* **Meet financial commitments**. You and your family are responsible for promptly meeting any financial commitment agreed to with the Center and for providing accurate information related to their insurance.
* **Follow facility rules and regulations**. You and your family are responsible for following the Center’s rules and regulations concerning patient care and conduct to assure a safe environment for all individuals. This also includes supporting our commitment to a diverse and inclusive environment in which racist and/or discriminatory behaviors and acts of intolerance towards are not tolerated.
* **Show respect and thoughtfulness.** You and your family are responsible for being thoughtful of the Center’s staff and property. This also involves being considerate of other patients and visitors, helping control noise and disturbances and following tobacco-free policies. While you are at the Center, *patients must refrain from using profanity or threatening or violent behaviors, consuming any alcohol, prescription and non-prescription controlled substances or any illegal drug, carrying weapons and videotaping the premises.*