☐ **Olathe:** 308 Main St., (970) 323-6141 ☐ **Montrose:** 1010 S. Rio Grande Ave., (970) 497-3333
☐ **Delta:** 1250 Valley View Dr. (970) 874-8981

All Mail: PO Box 529, Olathe, CO 81425

Montrose Pharmacy: 1010 S. Rio Grande Ave., Phone 970-787-2044
Delta Pharmacy, 1250 Valley View Dr., Phone: 970-787-6550

https://www.rivervalleyfhc.com/patient-portal/portal/

Clinic Hours are 8:15 am to 6:00 pm Monday through Friday

Welcome Letter

Welcome to River Valley Family Health Centers and thank you for making us your clinic of choice! It is your right as a patient to choose a primary care provider. We look forward to becoming your patient-centered Medical/Dental/Behavioral Health home and partnering with you to improve your well-being and health.

About our partnership . . .

- **RIVER VALLEY FAMILY HEALTH CENTERS IS AFFORDABLE:** River Valley Family Health Centers is a non-profit organization. We serve patients with Medicaid, CICP (Colorado Indigent Care Program), Medicare, Private Insurance, and patients who pay out of pocket for their medical needs. River Valley Family Health Centers receives funds from federal, state, and local resources to assist patients, depending on their qualifications to these programs. We offer Outreach & Enrollment to help patients qualify for public insurances or place you on our sliding-fee rate dependent on financial status. Please arrange for these services before your first appointment.

- **MEDICATION ASSISTANCE** will be available to assist our patients who need additional help paying for medications through the 340B program. We will provide you with a card for your pharmacy. You may use this card at Safeway in Montrose and Delta, and Safeway on Horizon Drive in Grand Junction, City Market stores in Montrose and Delta & Wal-Mart in Montrose. In addition, River Valley also provides affordable discounts to our patients for medication at our onsite pharmacies at the Montrose & Delta Clinics.

- **INSURANCE, CO-PAYMENTS, AND SLIDING-FEE CHARGES:** River Valley serves all patients, regardless of insurance status. As a patient, you are expected to pay the co-payment and/or nominal fee amount at the time of services.

- **CANCELLING/RESCHEDULING APPOINTMENTS**: Please be aware that there are many people who need access to medical care here at River Valley Family Health Centers. If you need to CANCEL or RESCHEDULE an appointment, please call **970-323-6141** within a 24-hour notice.

Our patient portal is also an excellent way to manage your appointments. This will allow for an appointment to be available to someone in need.

- **LATE APPOINTMENT POLICY:** River Valley has a late appointment policy for patients who are late to their appointment. You will be offered the Late Appointment Policy.
- **NO SHOW POLICY**: River Valley has a no-show policy for missed appointments. You will be offered the No Show Policy.
- **NARCOTIC POLICY**: River Valley has a very strict narcotic policy. You will be offered the Narcotics Policy.
- **AFTER HOURS CARE**: River Valley provides an after-hours service that can address your medical needs through RN triage. Just call the main number to the clinic at **970-323-6141.** They will listen to your concerns and recommend a course of action. They may refer you to your local emergency room or urgent care, or let you know it is okay to wait for clinic hours. This service cannot schedule appointments or refill prescriptions. Please call during office hours for those services.
- **COMMUNICATION WITH YOUR CARE TEAM:** During office hours, you may contact your care team by phone by calling the main number **970-323-6141** and asking for your provider's nurse, or you may contact us through a secure message on the patient portal. We will get back to you within 1 business day. After hours, you can call our triage line at our main number **970-323-6141,** or, for less urgent matters, you may send us a secure message on the patient portal to be answered the following business day. If you need any assistance or would like to be registered for the patient portal, please call us at **970-323-6141** or stop by any of our locations.
- **MEDICAL RECORDS**: River Valley has a Medical Records department that will help you to transition your records from your previous provider to facilitate continuity in your care. Having your medical history helps us serve your medical needs best. Please fill out the attached form (Release of Records is the last 2 pages) so we may retrieve your records. You may call them **at 970-399-4072** if you need assistance with your record transfer.
- **PATIENT/PROVIDER COMPACT**: River Valley wishes to make a strong partnership with you regarding your healthcare needs. In doing so, we feel that coming to this agreement early-on is beneficial to both parties, as it sets expectations that we can talk over. This will be provided when the new patient packet is returned. Please bring it with you to your first visit and be prepared to discuss it with your provider.

A patient centered medical home is an approach to providing total health care for you. With a medical home, you will have a care team to support you, helping you make the best decisions for your health. So please help us to know you better by using this handy checklist to get ready for your appointment.

CHECKLIST FOR YOUR APPOINTMENT

You can help be a partner in your care from your first appointment on. This first and very important step will help us get you ready for your appointments when you arrive and will help you receive the best care. So, please help by using this checklist to get ready for your appointments.

For Your First Appointment Please Bring:

- ☐ Every health insurance card you have (private insurance, Medicaid, Medicare, CICP, dental, etc.)
- ☐ Current photo ID (driver's license, employee badge, school ID card, military identification card, etc.)
- ☐ Income information and proof if asked or needing help to pay for your care (paycheck stubs, SSI letter, etc.)
- ☐ All medications and vitamins you are currently taking (prescription medications, vitamins, minerals, supplements, herbal, natural, etc.) Please put them all in a bag in their original containers and bring the whole bag.
- ☐ Current proof of vaccines and any other medical records you have. We will ask your other doctors for your records as well.
- ☐ A list of your major health information and about what date (surgeries, implants, chronic conditions, procedures, etc.) Here is an example:
  - Right ankle surgery 2/1995
  - Appendix removed 8/2001
  - Mammogram 4/2015
  - Diabetes 1990s
  - High blood pressure 2010
- ☐ A list of any other doctors, dentists, or mental health providers you have seen or are seeing and their phone numbers. Please state why you see them.
- ☐ A list of any questions you have about your health. Put the most important ones at the top.

For Every Appointment After Your First Appointment, Please Bring:

- ☐ Every health insurance card you have (private insurance, Medicaid, Medicare, CICP, dental, etc.)
- ☐ Current photo ID (driver's license, employee badge, school ID card, military identification card, etc.)
- ☐ Proof of income if you are on a sliding fee scale
- ☐ A list of any questions you have about your health. Put the most important ones at the top.

REGISTRATION FORM

Service Request: ☐ Medical ☐ Behavioral Health ☐ Substance/Alcohol Abuse Treatment ☐ Dental

TODAY'S DATE: _____

PATIENT PERSONAL INFORMATION			
LAST NAME	**First Name**		**MIDDLE INITIAL**
PREVIOUS NAME (LAST, FIRST)	**LEGAL SEX**	**DATE OF BIRTH** / /	
SOCIAL SECURITY NUMBER - -	**MOTHER'S MAIDEN NAME**	**PREFERRED NAME**	
CONTACT INFORMATION			
ADDRESS	**MAILING ADDRESS**		**ZIP CODE**
CITY	**STATE**	**WORK PHONE NUMBER**	
CELL PHONE: **HOME PHONE:**	IT'S OKAY TO LEAVE A MESSAGE W/WHOMEVER ANSWERS THE PHONE ☐ YES☐ NO IT'S OKAY TO LEAVE A MESSAGE ON MY VOICEMAIL ☐ YES ☐NO		
CONSENT TO TEXT ☐ YES ☐ NO	**TELEHEALTH CONSENT/VIDEO CONFERENCING:** ☐ YES ☐ NO		
CONTACT PREFERENCE ☐ MOBILE ☐ HOME ☐ WORK ☐ MAIL☐ EMAIL ☐ PORTAL			**CONSENT TO CALL** ☐ YES ☐ NO
EMAIL ADDRESS			**PATIENT PORTAL** ☐ YES ☐ NO
DEMOGRAPHICS			
LANGUAGE: ☐ ENGLISH ☐ SPANISH ☐ DECLINE TO ANSWER ☐ OTHER _____			
RACE: ☐ ALASKA NATIVE ☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ WHITE ☐ NATIVE HAWAIIAN ☐ OTHER PACIFIC ISLANDER ☐ GUAMANIAN OR CHAMORRO ☐ SAMOAN ☐ OTHER RACE ☐ DECLINE TO ANSWER			
ETHNICITY: ☐ NOT HISPANIC OR LATINO ☐ MEXICAN ☐ MEXICAN - AMERICAN ☐ CHICANO/A ☐ CENTRAL AMERICAN ☐ CUBAN ☐ DOMINICAN ☐ HISPANIC ☐ LATINO/A ☐ SPANISH ORIGIN ☐ PUERTO RICAN ☐ SOUTH AMERICAN ☐ SPANIARD ☐ DECLINE TO ANSWER			
MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ PARTNER			
SEXUAL ORIENTATION: ☐ LESBIAN, GAY OR HOMOSEXUAL ☐ STRAIGHT OR HETEROSEXUAL ☐ BISEXUAL ☐ SOMETHING ELSE, PLEASE DESCRIBE ☐ DON'T KNOW ☐ CHOOSE NOT TO DISCLOSE			
GENDER IDENTITY: ☐ IDENTIFIES AS MALE ☐ IDENTIFIES AS FEMALE ☐ TRANSGENDER MALE/FEMALE-TO-MALE (FTM) ☐ TRANSGENDER FEMALE/MALE-TO-FEMALE (MTF) ☐ GENDER NON-CONFORMING (NEITHER EXCLUSIVELY MALE OR FEMALE) ☐ ADDITIONAL GENDER CATEGORY/OTHER, PLEASE SPECIFY ☐ CHOOSE NOT DISCLOSE			
ASSIGNED AT BIRTH: ☐ MALE ☐ FEMALE ☐ CHOOSE NOT DISCLOSE	**PRONOUNS:** ☐HIM/ HE ☐ HER/SHE ☐THEY/THEM ☐ CHOOSE NOT DISCLOSE		**HOMEBOUND:** ☐ YES ☐NO

Revised September 18, 2023

RIVER VALLEY
FAMILY HEALTH CENTERS

DEMOGRAPHICS CONTINUED

WILL HELP DETERMINE YOUR ELIGIBILITY FOR SLIDING FEE & CICP INSURANCE APPLICANTS

FAMILY SIZE	**INCOME:** ☐ $0 –39,999 ☐ $40,000 – 79,999 ☐ $80,000 – 149,999 ☐ $150,000 OR MORE

NUMBER OF DEPENDENTS:

AGRICULTURAL STATUS: ☐ SEASONAL WORKER ☐ MIGRANT WORKER ☐ DEPENDENT OF MIGRANT ☐ DEPENDENT OF SEASONAL ☐ NON-AGRICULTURAL WORKER

1. Have you or a member of your family ever worked as an agricultural laborer, including orchards, green houses, nurseries, agriculture, work with animals such as cattle, dairy, sheep, poultry, fish hatcheries, etc.? ☐YES ☐ NO
2. Have you or a member of your family moved in the past two years to another area (established a temporary home) in order to work primary in agriculture? ☐YES ☐ NO
3. Have you or a member of your family worked in past two years primarily in agriculture, without moving away from your home? ☐YES ☐ NO
4. Have you or a member of your family stopped traveling to work in agriculture because of disability or old age? ☐YES ☐ NO

HOMELESS STATUS: ☐YES ☐ NO ☐ DECLINE TO ANSWER
If homeless: ☐ Doubling up ☐ Homeless Shelter ☐ Street ☐ Transitional ☐ Unknown ☐ Other _____

SCHOOL-BASED HEALTH CENTER PATIENT: ☐YES ☐ NO ☐ DECLINE TO ANSWER

VETERAN STATUS: ☐YES ☐ NO ☐ DECLINE TO ANSWER

PUBLIC HOUSING PATIENT: ☐YES ☐ NO ☐ DECLINE TO ANSWER

HOW DID YOU HEAR ABOUT US? ☐ ADVERTISING ☐ PRIMARY CARE PHYSICIAN ☐ SPECIALIST PHYSICIAN ☐ WORD OF MOUTH ☐ PATIENT IN PRACTICE ☐ HOSPITAL ☐ INSURANCE COMPANY ☐ OTHER ☐ FAMILY MEMBER ☐ SOCIAL MEDIA

EMERGENCY CONTACT

FULL NAME	**HOME PHONE**	**MOBILE PHONE**

RELATIONSHIP: ☐SPOUSE ☐ PARENT ☐ CHILD ☐ SIBLING ☐ FRIEND ☐ COUSIN☐ GUARDIAN ☐ OTHER ☐ DESCRIBE

PARENT/GUARDIAN IF UNDER 18

LAST NAME	**FIRST NAME**	**MIDDLE INITIAL**

GUARANTOR (PAYER OR RESPONSIBLE PARTY FOR PAYMENT)

LAST NAME	**First Name**	**MIDDLE INITIAL**

DATE OF BIRTH / /	**ADDRESS**	**ZIP CODE**

CITY	**STATE**	**SOCIAL SECURITY NUMBER** - -

GUARANTOR (PAYER OR RESPONSIBLE PARTY FOR PAYMENT) CONTINUED			
EMAIL	**PHONE NUMBER**		**EMPLOYER**

INSURANCE

TYPE OF INSURANCE

☐ SLIDING FEE ☐ MEDICAID ☐ MEDICARE ☐ PRIVATE INSURANCE ☐ CICP ☐ CHP+ ☐ CORE

☐VICTIM'S COMP ☐ VOCATIONAL REHAB ☐ FEDERAL PROBATION ☐ EAP ☐ OTHER _____

IF YOU DO NOT HAVE HEALTH INSURANCE, WOULD YOU LIKE TO RECEIVE INFORMATION ON OTHER PROGRAMS

☐YES ☐ NO

INSURANCE COMPANY

POLICY/MEMBER NUMBER

PATIENT'S PREFERRED PHARMACY & CITY

Late Appointment Policy

River Valley Family Health Center (RVFHC) is concerned about your health. Being late to appointments keeps RVFHC from giving you the attention you need at your appointment.

After your first visit, you will be asked to check in 15 minutes before you are to see your provider to get you ready for your visit. This way you have the full time with your provider.

If you do not arrive on time, your time with your provider may be shorter, or we may have to move you to another day and time.

No Show Policy

So that we may provide timely access to you and all other patients, we ask that you give us 24 hours' notice if you are not able to make your appointment and need to cancel or reschedule. This allows us to use that appointment for another patient in need.

If 24 hours' notice is not given, the appointment will be considered a "no-show". After 3 no-shows in a rolling year, you will not be allowed to preschedule appointments. That means you will call the morning of the day you want to be seen and will be scheduled into available openings for that day.

Please give us a call, 24 hours before your appointment, if you have any doubt that you can make your appointment and let us work with you to avoid a no-show on your record.

Controlled Substance/Narcotic Policy

Medication such as hydrocodone, Lortab, OxyContin, Vicodin, Codeine, Fentanyl, Morphine, Xanax, Adderall, Soma, Clonopin, Testosterone, Valium, Percocet, Lyrica, Tramadol, Ambien, Lunesta, etc. are controlled substances. (This is NOT a complete list, just some examples of controlled substances.)

In order to prevent misunderstandings, these are our rules about narcotic/controlled substances:

We will <u>not</u> give prescriptions for narcotics or controlled substances on the first new patient visit, except for recent serious injury.

To get pain medications for long-lasting pain, you and your provider will discuss that:

1. You understand what the side-effects are when taking these medications.
2. You may see only one provider to get the pain medications.
3. You will do a urine drug screen at every visit.
4. You must come in for visits just to talk about your pain, about every 3 months.
5. You must have an appointment to get your refills.
6. You will not keep calling to ask for refills, you must come in.
7. You will avoid alcohol and all illicit drugs, including marijuana.
8. You will not drive, use heavy machinery, or be involved in public safety while taking narcotics.
9. You will allow your provider to talk to other providers about your use of narcotic medications.
10. You will meet with a Behavioral Health therapist and see a pain specialist if your provider sends you.
11. You will try other ways to treat your pain, if your provider recommends it.
12. You will take your medication as you are supposed to, and not take more than you are supposed to.

NOTICE OF PRIVACY PRACTICES

The management and staff of River Valley Family Health Centers are committed to preserving the rights of all individuals. In our efforts to protect the privacy of our patients, we have adopted health information confidentiality principles endorsed by the American Health Information Management Association and reflected in our organizational policies and procedures.

1. *You have the right to:*
    - Get a copy of your paper or electronic medical record
    - Correct your paper or electronic medical 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

2. *You have 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
    - Raise funds
3. *We may use and share your information as we:*
    - Treat you
    - Run our organization
    - Bill for your services
    - 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 actions