

Welcome to the Patient- Centered Medical Home at the office of Nana G. McMahon, MD. Care here is centered around the patient and your specific needs. The staff here works as a team, is accountable for your care and uses your feedback to improve.

Some facts:

Dr McMahon's practice is responsible for coordinating care across multiple settings.

1. You can access Dr. McMahon and her team easily during office hours. Regular office hours are Monday through Friday 8am to 5pm. There are same day appointments reserved at the office for both urgent and routine care. Some Saturdays are available for routine care. Please call the office to schedule an appointment. When the office is closed we have an on call team prepared to give you advice and record your concerns to ensure the continuity of care 24/7.

Dr. McMahon's practice is responsible for giving instructions for obtaining care and clinical advice during office hours and when the office is closed

2. Dr. McMahon's team will make sure we have the information and provide the support you will need to achieve your health goals. We will assume responsibility for coordinating care with specialists and community resources.

The care team at Dr. McMahon's office gives the patient/family access to evidence based care and self-management support

3. The practice provides organized, evidence based care reminding you proactively about needed tests or exams. Care is based on best practices, is seamless, and is organized around standard protocols.

Dr. McMahon's practice functions most effectively as a medical home if patients and families provide a complete medical history and information obtained outside the practice. The practice provides instructions on transferring records into and out of the practice including a point of contact at the practice.

The practice encourages all patients to bring any medical records from outside institutions to their next appointment. This will ensure better continuity of care. We can help you transfer records from your last provider. Please ask us to get started.

Dr. McMahon informs the patient about the scope of services available within the practice including how behavioral health needs are addressed.

4. The practice can screen and treat you for behavioral health issues [such as depression] and connect you with other providers.

Dr. McMahon's office is responsible for processing insurance referrals

The practice is responsible for processing insurance referrals when you are referred out of the office to see a specialist. It is important for you, the patient to follow the guidelines and requirements of your health insurance carrier as well as notify the staff when an insurance referral needs to be processed. Please allow three business days before the appointment date to process a referral and have it approved in time for the specialist visit.

The practice gives uninsured patients information about obtaining coverage.

Need health insurance? Apply for medical and dental health insurance through the Massachusetts health connector at www.mahealthconnector.org

NANA G. MCMAHON, M.D., P.C.
**CONSENT TO DISCLOSE HEALTH INFORMATION
 FOR PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS**

Name of Minor/Child:

Last Name

First Name

Initial

Home Address:

Home Telephone

Date of Birth:

ACKNOWLEDGMENT OF RECEIPT OF PRACTICE'S NOTICE PRIVACY PRACTICES:

By my signature below, I hereby acknowledge that I have received a copy of the Practice's Notice of Privacy Practices.

CONSENT TO DISCLOSE MY GENERAL HEALTH INFORMATION:

By my signature below, I hereby authorize the Practice to disclose my/my child's medical information so that the Practice may treat me/my child, seek payment from third parties for such treatment, and generally carry on the Practice's health care operations (e.g., quality assurance). I also authorize the Practice to disclose my/my child's medical information to insurers and providers outside of the Practice when necessary so that these providers may treat me/my child, seek payment for that treatment, and for the purpose of their health care operations. I also authorize disclosure of my/my child's medical information on my home answering machine/voicemail and cell phone and to my spouse, children, and the following additional family and friends: _____

MY HIGHLY CONFIDENTIAL INFORMATION:

I understand that my/ my child's medical record currently contains or may contain in the future the following types of highly confidential information. By my signature below, I specifically consent to the disclosure of such information as part of my/my child's medical record to insurance and providers outside the Practice for the purpose of obtaining treatment for me or my child, payment for the treatment provided to me/my child, and so that these entities can carry out their health care operations:

| | |
|---|--|
| • information about HIV/AIDS status* | • information about family planning services |
| • information about genetic testing | • if I am an emancipated minor, information |
| • information related to confidential | • about my treatment and diagnosis (except to my |
| communications with a psychotherapist, | parents) |
| psychologist, social worker, sexual assault | • information related to mental health community |
| counselor, domestic violence counselor or other | program records* |
| allied mental health professional or human | |
| services professional | |
| • information about treatment for substance abuse | |
| (alcohol or drug)* | |
| • information about venereal disease(s) | |

| | |
|--------------------------------|------|
| Signature of Patient or Parent | Date |
|--------------------------------|------|

If the patient is an unemancipated minor or otherwise incapacitated (physically or mentally), obtain the following signatures:

| | | |
|---|-----------------------------|------|
| | | |
| Signature of Personal Representative | Description of Authority | Date |

Emerson Patient Portal

For children ages 0 – 12 ONLY

Ages 13-18 are excluded due to patient confidentiality

Please contact Emerson Hospital 978-287-1170 for further information regarding questions/problems.

Sign up is completely optional

Emerson Hospital is offering an online **secure** messaging system. If you provide us with your Email address we can electronically send you information to register for the Patient Portal.

Notifications will come to your personal Email address and direct you back to the Patient Portal site.

Once you are logged into the system, **you are able** to request your physical, a referral, prescription refill, view test **results**. Many other Emerson Providers are participating in this system so once **you are registered** you may find that you are able to contact other providers as well. If Interested in signing up, please provide us with your Email address below.

You will receive registration directions sent to your Email. You must sign up within 7 days of receiving your PIN #. Please look for it and sign up as soon as you get email with PIN # (Check you Spam folder).

Patient's Name _____ Date of Birth _____
Parent's Name _____
Email: _____

This information will become part of **your medical record** and will be kept confidential, like all information in your record.

Over age 18, Patient Name: _____ DOB _____
Email: _____