

ASIAN  
HEALTH  
SERVICES



# NEW PATIENT HANDBOOK

**OUR MISSION** *To serve and advocate for the medically underserved, including the immigrant and refugee Asian community, and to assure equal access to health care services regardless of income, insurance status, language, or culture.*

**ASIAN HEALTH SERVICES**

# NEW PATIENT HANDBOOK

Welcome to Asian Health Services (AHS)! The purpose of this handbook is to provide you with information that will help you understand the healthcare system and the different services available to you as a patient of Asian Health Services.

This handbook includes information about how to:

1. Schedule an appointment with your **health care providers**: medical provider, dental provider (dentist), mental health or behavioral health counselor, and others.
2. Access health care needs if you are sick and do not have a scheduled appointment.
3. Access other AHS medical services – General Medical Care, Oral Health Services (dental), Perinatal Care & Labor Coaching, Pediatrics, Youth Program & Teen Clinic, Medical Care for the Elderly, Behavioral Health/Counseling, Specialty Mental Health, Urgent Care, X-Ray, Wildcat Clinic at Oakland High, Community Healing Services, and Anonymous & Confidential HIV/Hepatitis Testing.

Please read this handbook carefully. You may also visit our website for more information at [www.asianhealthservices.org](http://www.asianhealthservices.org)

Thank you,

Asian Health Services

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# CLINIC HOURS AND LOCATIONS

## PRIMARY CARE SERVICE LOCATIONS

1. **CHENMING & MARGARET HU MEDICAL CENTER**  
818 Webster Street, Oakland, CA 94607  
**Monday through Friday** – 9 AM – 5 PM  
**Saturday** – 8:30 AM to 1 PM  
**Phone:** (510) 986-6800
2. **ROLLAND & KATHRYN LOWE MEDICAL CENTER**  
835 Webster Street, Oakland, CA 94607  
**Monday through Friday** – 9 AM – 12:30 PM | 1:30 – 5 PM  
**Phone:** (510) 318-5800
3. **FRANK KIANG MEDICAL CENTER**  
250 East 18<sup>th</sup> Street, 2<sup>nd</sup> Floor, Oakland, CA 94606  
**Monday through Friday** – 9 AM – 12:30 PM | 1:30 – 5 PM  
**Phone:** (510) 735-3888
4. **ASIAN HEALTH SERVICES PEDIATRICS SAN LEANDRO**  
101 Callan Avenue, Suite 105, San Leandro, CA 94577  
**Monday, Thursday, & Friday** – 9 AM – 12:30 PM | 1:30 – 5 PM  
**Tuesday** – 9 AM – 12:30 PM  
**Wednesday** – 1:30 – 5:00 PM  
**Phone:** (510) 357-7077
5. **ARC CLINIC**  
817 Harrison Street, Oakland, CA 94607  
**Tuesday & Thursday** – 9 AM – 12:30 PM | 1:30 – 5p m  
**4th/5th Wednesday** – 1:30 – 5 PM  
**Phone:** (510) 986-0430
6. **WILDCATS CLINIC, OAKLAND HIGH**  
1023 MacArthur Boulevard, Oakland, CA 94610  
**Medical Clinic Hours:**  
**Tuesday and Thursday** – 8:30 AM – 12:30 PM | 1:30 – 4:30 PM  
**Phone:** (510) 874-7152  
\* During the academic school year. Summer schedule varies. Please check with the school.

7. **TEEN CLINIC**

817 Harrison Street, Oakland, CA 9460

**1st/3rd Tuesday** – 4:00–6:00 PM (in-person appointments)

**2nd/4th Tuesday** – 5:00–7:00 PM (Telephone appointments)

\*Due to COVID-19, we are currently not accepting any drop-in visits.  
Please call ahead to schedule an appointment.

To make an appointment, call 510-912-8598 or stop by our Youth Center,  
310 8th Street, STE 102, Oakland, CA 94607.

8. **RADIOLOGY**

**Entrance:** 818 Webster Street, Oakland, CA 94607

**Monday to Friday:** 9 AM – 12:30 PM | 1:30 – 5 PM

**Phone:** (510) 986-6855

## **SPECIALTY MENTAL HEALTH SERVICE LOCATIONS**

9. **SPECIALTY MENTAL HEALTH CLINIC**

310 8<sup>th</sup> Street, Suite 201, Oakland, CA 94607

**Monday through Friday** – 9 AM – 12 PM | 1– 5 PM

**Phone:** (510) 735-3900

## **DENTAL SERVICE LOCATIONS**

10. **MAIN DENTAL CLINIC**

345 9th Street, Suite 302, Oakland, CA 94607

**Monday through Friday** – 9 AM – 12:30 PM | 1:30 – 5 PM

**Saturday** – 8:30 AM – 1 PM

**Phone:** (510) 986-6888

11. **HARRY AND JEANETTE WEINBERG DENTAL & WELLNESS CLINIC**

190 11<sup>th</sup> Street, Oakland, CA 94607

**Monday through Friday** – 9 AM – 12:30 PM | 1:30 – 5 PM

**Phone:** (510) 250-8300

12. **COLLEGE OF ALAMEDA DENTAL CLINIC**

555 Ralph Appezato Memorial Parkway Building A-218

**Monday & Friday** during school year – 9 AM – 12:30 PM | 1:30 – 5 PM  
**Monday & Wednesday** June through August – 9 AM – 12:30 PM | 1:30 – 5 PM  
**Saturday** September through May – 8:30 AM – 1 PM  
**Phone:** (510) 986-6812

13. **FRANKLIN ELEMENTARY, SCHOOL-BASED CLINIC**  
915 Foothill Blvd, Oakland, CA 94606  
**Thursday** during the school year – 9 AM -12 PM | 1 – 4 PM  
**Phone:** (510) 874-3354
14. **LINCOLN ELEMENTARY, SCHOOL-BASED CLINIC**  
225 11th Street, Oakland, CA 94607  
**Schedule pending** – Please check with the school office  
**Phone:** (510) 874-3354, Ext 51098
15. **OAKLAND HIGH-SCHOOL, SCHOOL-BASED CLINIC**  
1023 MacArthur Blvd, Oakland, CA 94610  
**Dental Clinic Hours\*:**  
**Friday** – 9 AM -12:30 AM | 1:30 – 4:30 PM  
\* During academic school year
16. **AHS MOBILE VAN**  
97 Callan Avenue, San Leandro, CA 94577  
**1st/3rd Wednesday** – 9 AM – 12 PM | 1 – 4 PM  
**Phone:** (510) 250-8300

**NOTE:** All centers are CLOSED the 4<sup>th</sup> Wednesday of every month, from 9:00 AM to 1:30 PM.

## **ADMINISTRATIVE OFFICES**

### **ADMINISTRATIVE OFFICES**

101 8<sup>th</sup> Street, Suite 100, Oakland, CA 94607  
**Phone:** (510) 735-3100

### **MEMBER SERVICES DEPARTMENT**

818 Webster Street, Oakland, CA 94607

Monday through Friday – 9 AM – 5 PM


**Phone:** (510) 986-6880

### **BILLING DEPARTMENT**

Monday through Friday – 9:00 AM to 5:00 PM

**Phone:** (510) 986-6850

 **CLINIC AFTER-HOURS PHONE LINE:**  
**(415) 752-1316**

 **SPECIALTY MENTAL HEALTH AFTER HOURS PHONE LINE:**  
**(415) 750-6788**

For life threatening medical emergencies, please call 911. For other medical emergencies and to speak with a doctor when AHS is closed:

When you call, tell the answering service:

1. Your name,
2. Your AHS Patient ID number or birth date,
3. Your phone number, and
4. The reason why you are calling.

The answering service will pass your information onto a doctor.

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**Asian Health Services serves all patients regardless of ability to pay.**

**Sliding Fee Scale for essential services are offered to all patients, depending upon family size and income up to or below 200% of the Federal Poverty Level.**

**You may apply for sliding fee scale at the Member Services Department or ask our staff when you check-in.**

# MEDICAL SERVICES

## YOUR PRIMARY CARE PHYSICIAN

At AHS, we strive to provide you quality and continuity of care with a primary care provider. Your primary care provider may be a Physician (MD or DO), Nurse Practitioner (NP), or Physician's Assistant (PA) and will be the main person to work with you on your medical and health care needs. Primary care providers also work in a team with other AHS support staff to coordinate any other resources you need such as referrals and medication assistance.

Asian Health Services aims to provide culturally and linguistically competent health care services. Please let our staff know in advance if you require or prefer to have an interpreter available to assist you during your appointment.





# YOUR MEDICAL APPOINTMENT: FACE-TO-FACE

PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME

- **Step 1: Check-in**

- For every medical appointment, you will need:
  1. Appointment card
  2. Photo I.D. card
  3. Any health insurance card you have
  4. All your medications
  5. Co-payment for medical services
  6. Update any change of address and/or phone number
- A staff will check you in and ask you to sit in the waiting area
- When your provider is ready to see you, a nursing staff will come out, call your name, and take you to the exam room.
- If you require an interpreter, please speak with our staff and one will be arranged for you.

\*\*\* Children under 18 years old must be accompanied by their parent or legal guardian. Guardian must be over 21 and must bring a picture ID (except at our Teen Clinic and school-based clinic sites).

- **Step 2: Seeing your Provider**

Before the provider comes into the exam room to see you, healthcare staff will meet with you and take your information including your weight, pulse, height, and blood pressure (also temperature if necessary).

- **Step 3: Check out and scheduling a follow-up appointment**

- After seeing your provider, do not forget to check out. It is important that you check out because you may need:
  - a lab form for a blood test
  - a referral form to see a specialist
  - an After-Visit Summary
  - to schedule a follow-up appointment, or
  - to have some financial matters processed, particularly if you are a sliding fee scale or HealthPAC patient.
- All these things will be done for you during the check-out process by **the clinic staff, not your doctor.**

# TELEMEDICINE

- **Step 1: Check-in**

- For every virtual medical appointment, you will need:
  1. A phone
  2. All your medications to have at hand
  3. Any documentation of home measurements of blood pressure or blood sugar ready to discuss with your provider.
- A staff member will call you 15-30 minutes prior to appointment in order to:
  - Gather some basic information such as complaints to discuss at the visit, allergies, current pharmacy in case your provider will prescribe medications.
  - Ask if you would like voice only visit or FaceTime video visit if you have an iPhone
  - Let you know an approximate time the provider will call you.
- When the provider is ready to see you, they will call you at the provided phone number to do the virtual visit.

- **Step 2: Seeing your provider**

- Just like an in-clinic visit the provider will discuss with you any new complaints and discuss the status of old medical problems.
- Medications, blood work orders, imaging orders and referrals to a specialist might be made for you if the provider thinks it is needed.
- Provider might ask you to come into clinic the same day or soon if they are unable to help you with your complaints over the phone.

- **Step 3: Check out and scheduling a follow-up appointment**

- After speaking with your provider, you can expect a call back from a clinic staff member in the next two days to set up a follow up appointment if your provider recommends.
- Any imaging and specialist referrals will be mailed to you at the address on file – please let provider know if there is a different address.
- Any blood work ordered can be done without the physical paper lab order.
- Any medications sent for you to the pharmacy should be ready for pick up after two hours.

# SCHEDULING, CANCELING, MISSING MEDICAL APPOINTMENTS

## **NON-URGENT APPOINTMENT**

A non-urgent appointment may include a physical exam, a follow-up, or any regular visit to your doctor.

**☎ To schedule, reschedule, or cancel a non-urgent medical appointment, call your home clinic (please see insert at the end of this Patient Handbook for phone number). Cancellation calls should be made at least 24 hours in advance.**

- When you call in, please be prepared to tell the staff member:
  1. Your language (if you do not speak English),
  2. Your name
  3. Your AHS Medical Record Number
- The receptionist may need to direct your call to a staff member who speaks your language. If the staff member is not available, leave a message in his/her voice mail with the above information and:
  - Your daytime phone number with area code
  - The reason why you need to make an appointment
  - OR the date of the appointment you wish to cancel or have missed. You may also ask to reschedule your appointment.

## **URGENT APPOINTMENT**

An urgent care appointment is made for you (you may drop in) if you do not have a scheduled appointment and you have a medical problem that needs attention immediately or within a few days.

**☎ To schedule an urgent care appointment when the clinic is open, call your home clinic (please see insert at the end of this Patient Handbook for phone number) and follow these instructions:**

1. Listen to the message and choose your language.
2. Follow recorded instructions
3. Hold to speak to a staff member
4. Be prepared to tell your name and date of birth or AHS Medical Record Number.
5. If you are on hold for a significant period of time, you can leave a call-back number. Leave your name, date of birth, AHS Medical

Record Number, and phone number. Please speak slowly and clearly.

**☎ If the clinic is closed, call 911 for MEDICAL EMERGENCIES. To speak with a doctor after hours call (415) 752-1316 (see page 7 for more details).**

- A Triage Nurse will assess your medical problem over the phone and consult with a doctor, if necessary.

Depending on the severity of your condition, the Triage Nurse may provide you with medical advice or schedule an appointment for you.



### **ASK CLINIC STAFF TO ASSIST YOU WHEN:**

- You do not know when you should see your primary care provider again or what you should do if you do not have enough medication until the next visit.
- You have serious health conditions and you need to see your primary care provider on a regular basis. The clinic staff can reschedule you in a reasonable amount of time.

### **APPOINTMENT REMINDERS**

Automated appointment reminders will be sent to your preferred telephone number. When you receive this automated telephone reminder, please confirm your appointment by listening to the directions provided.

### **RECALL LETTERS**

Patients often require follow-up appointments that are too far in the future to schedule right away. An example of this would be a patient's yearly physical evaluation. On these occasions, when the desired date of the appointment is four months or more into the future, we may send a "Recall Letter" to the patient requesting that you call the clinic to schedule your appointment.

## **MEDICAL “NO SHOW” AND LATE POLICY**

You may cancel or change an existing appointment at any time by calling your medical clinic. An appointment cancelled within 24 hours of appointment time is considered a late cancellation and will be reflected as “No Show.”

Patients will be considered “No Show” if arriving 10 minutes after appointment time. AHS reserves the right to discharge you from clinic if there are too many “No Shows.”

If you come after 10 minutes from your appointment time, your provider may not have time to see you and will ask you to reschedule the appointment. If you know you will be late to your appointment, please call the clinic as soon as possible to find out if you can still be seen or to change your appointment time or to change to telemedicine visit.

## **VIDEO STEP-BY-STEP GUIDE ON HOW TO SCHEDULE AN APPOINTMENT**

Scan the QR codes below:



English



Cantonese




Vietnamese

# ORDER A MEDICATION REFILL


**IMPORTANT** DO NOT WAIT UNTIL YOU RUN OUT OF MEDICATION. You should make AT LEAST ONE WEEK IN ADVANCE to call the Pharmacy for refills.

Your medicine bottle label will indicate when you have no refills left.



<b>NEW OAKLAND PHARMACY</b>		
822 WEBSTER STREET OAKLAND, CA 94607		
<b>PHONE: (510) 268-0288</b>		
<b>RX#1491676</b>	<b>N</b>	<b>10/11/13</b>
<b>TEST, TEST</b>		<b>CCC S</b>
822 WEBSTER STREET, OAKLAND, CA 94607		01/01/2005
LEE, GEORGE		(510) 268-0288
<b>340B- HCTZ 25MG TABLET</b>		Days Supply: 100
		<b># 100</b>
Please Call Ahead	NDC#00603-3856-32	<b>QUALITEST</b>
<b>4 Refills Available</b>	Until 10/11/14	DISP#: 0
REF#		

THIS LABEL SHOWS THAT 4 REFILLS ARE LEFT.



<b>NEW OAKLAND PHARMACY</b>		
822 WEBSTER STREET OAKLAND, CA 94607		
<b>PHONE: (510) 268-0288</b>		
<b>RX#1491674</b>	<b>N</b>	<b>10/11/13</b>
<b>TEST, TEST</b>		<b>CCC S</b>
822 WEBSTER STREET, OAKLAND, CA 94607		01/01/2005
LEE, GEORGE		(510) 268-0288
<b>340B- ATENOLOL 25MG TABLET</b>		Days Supply: 100
		<b># 100</b>
Please Call Ahead	NDC#00781-1078-10	<b>SANDOZ</b>
<b>No Refills Left</b>		DISP#: 0
REF#		

THIS LABEL SHOWS THAT NO REFILLS ARE LEFT.

**There are several ways to request a refill when you have NO refills left:**

- 1) To contact your home clinic, please follow instructions on the insert at the end of this Patient Handbook.
- 2) **Insured Patients** (on private insurance or Medi-Cal): **call your pharmacist** (check the label on your bottle) who will contact an AHS provider for your refill, if necessary.
- 3) For sliding fee scale or HealthPAC patients: call your Advice Nurse (see insert for phone number).
- 4) Patients **may also walk in** and speak to an advice (triage) nurse for a refill with their medicine bottle(s).

**Please contact your pharmacy at least one week in advance for refills.**

**Refills take 1-2 days to be ordered by the doctor and filled by the pharmacy.**

**When you call AHS for a refill, please state:**

1. your language
2. your name and your AHS Medical Record Number
3. your area code and daytime phone number(s)
4. the names of the medication you need to refill and the name and telephone number of the pharmacy you want to pick up your prescription at (for insured patients)

**REMINDER: If you cannot remember the names of your medications, please have your bottles with you when you make the phone call so that the Triage Nurse can assist you in spelling out the names of the medication.**

# DIAGNOSTIC LABORATORY (LAB) AND RADIOLOGY SERVICE

- Your provider may order labs (e.g., blood test, stool test, sputum test) or radiology services (e.g., x-ray, mammograms, sonograms/ultrasound, MRI, CT, PET) as a part of a standard medical assessment. Lab and Radiology results give information that your provider needs to provide quality medical care. As an AHS patient, you may go to AHS X-ray (Enter through 818 Webster Street) or your insurance or health program-approved network radiology offices. When a provider orders a lab test for you, instructions on how to make an appointment at the lab will be given to you, along with a list of lab locations. If your radiology test can not be done at AHS, a radiology referral form will be given to you with the radiology office location.
- **You must get services from the lab/radiology offices designated by your insurance or health program.** If you go to a non-participating lab/office, your insurance will not pay for the services; therefore, you will be responsible for paying the lab/radiology service.
- Lab tests and other test results are generally available **2-4 weeks after your testing date.**



**If you are uncertain about which lab or radiology office you need to go to, make sure to ask AHS staff during the check-out process. Your particular insurance's network lab/offices may change as well as their location.**

- ☎ **Call your home clinic to speak to an triage nurse to find out your blood test or other lab test results. A staff member will help you get your lab test results. Please do not call the lab/radiology office itself; no results will be given to you from the lab or the office.**

**REMINDER: When your labs or X-ray results are normal, AHS does not notify you. Your PCP will contact you, if you have any abnormal labs or X-ray results. All results are Protected Health Information (PHI); therefore they can ONLY be released to you or your authorized representative or legal guardian.**



# **REQUESTING MEDICAL RECORDS AND FORMS**

## **REQUESTING MEDICAL RECORDS**

If you need copies of your medical records for yourself, specialist, caregiver or others, please speak with a staff member.

## **FORMS**

You may request forms to be filled out by your provider by dropping off the form. You can expect the form to be completed and ready for pick up within two weeks. Please let the AHS staff member know if the form is needed urgently. If there is not enough information for the form to be filled out, you may be asked to schedule a telephone or in person appointment with a provider.

# PEDIATRIC SERVICES

- Chenming and Margaret Hu Medical Center  
818 Webster Street  
Oakland, CA 94607  
(510) 986-6800
- Frank Kiang Medical Center  
250 East 18<sup>th</sup> Street, 2<sup>nd</sup>  
Floor  
Oakland, CA 94606  
(510) 735-3888
- Rolland & Kathryn Lowe  
Medical Center  
835 Webster Street  
Oakland, CA 94607  
(510) 318-5800
- Pediatrics San Leandro  
101 Callan Avenue, Suite 105  
San Leandro, CA 94577  
(510) 357-7077



Our pediatricians provide care for infants, children, and young adults under 18 years of age for routine, urgent, non-urgent, immunization and Well-Child Check appointments.

- If you have urgent questions about your child's health at a time when our center is closed, you can call our 24-hour line at (415) 752-1316 to speak with one of our pediatricians.
- If you feel that your child needs to be seen urgently by a doctor when our center is closed, you should take your child to

UCSF Benioff Children's Hospital Oakland Emergency  
Department  
747 52<sup>nd</sup> Street  
Oakland, CA 94609

# PERINATAL PROGRAM

## Enrolling as an AHS Prenatal Patient

AHS is proud to provide a truly comprehensive prenatal services to our patients, including medical care, health & nutrition education, group classes, and labor coach services during your pregnancy. To ensure you have the best prenatal care and birth outcome, we are here to meet your physical, emotional, and social needs.



### **How do I enroll in the AHS prenatal program?**

If you have missed your cycle, you might be pregnant. You can use a home pregnancy test as the first step to confirm or have verification of pregnancy status from an outside provider. If your pregnancy test is positive, our staff will schedule you to meet with a nurse right away.

After confirmation of pregnancy, a clinic staff member will enroll you to the **Comprehensive Perinatal Services Program** and will arrange four separate appointments:

- 1. Membership Services Department** – Our staff will help you verify the health insurance that you have, or assist you with applying for Medi-Cal coverage during your pregnancy.
- 2. Prenatal intake** – This is one of the most important appointments for your pregnancy. Our prenatal staff (Comprehensive Perinatal Health Worker-CPHW) will meet with you to enroll your pregnancy, introduce you to our prenatal program, and obtain essential health information for your doctor.
  - a. OB Intake:** This is your orientation to learn all the services we provide and what you can expect during your care with us. A CPHW will review your personal medical and pregnancy history, as well as personal issues that may affect your health. Additionally, we will provide information and referrals to available community resources that will benefit you and your family.

3. **Prenatal Physical Examination (PE)** - This is your first prenatal medical appointment with a family practice physician, who will see you to perform physical exams (for example, pelvic exam) and conduct medical history. Your doctor is available to answer any questions that you may have. He/she will see you regularly until your delivery.
4. **Comprehensive Perinatal Health Worker (CPHW)** - During the pregnancy, our bilingual CPHW will meet with you at least once per trimester to see how your pregnancy is going, share health and nutrition information, and provide emotional support. Think of them as your pregnancy care coordinator—they will assess and take care of your non-medical needs, connecting you to appropriate services and resources.

### **Additional Services Available**

- **Mommies-to-Be:**  
This is a group medical visit where you can meet other pregnant women with similar due dates and learn important topics together. Through 7-10 sessions (in-person or online), you will learn about healthy nutrition during pregnancy, relaxation techniques to reduce stress, postpartum care, breastfeeding, and other pregnancy related topics to help you prepare for parenthood. In addition to group interaction, you will also have one-on-one time with a physician during each session to bring up any concerns you may have. To participate in Mommies-to-Be program, please ask your CPHW for more information.
- **Patient-Centered Prenatal Program (P3):**  
P3 is an innovative program that allows the highest-quality prenatal care for our patients. Patients who participate in this program will be loaned devices (fetal heart doppler, blood pressure machine, and weight scale) to monitor their pregnancy at home, in conjunction with routine medical appointments. Please speak with your doctor or CPHW to ask if you are a good candidate to participate in this program.
- **Prenatal Education Classes:**  
These classes are designed especially for you and your support person(s) to prepare for labor and delivery and new parenthood. We always encourage your partner and/or other family members to join you for these classes. Some topics include:

- Breastfeeding, smoking (2<sup>nd</sup> hand smoke), and new mother/new born care.
  - Childbirth preparation and family planning.
  - Child passenger safety (car seats), postpartum care after delivery, and postpartum depression awareness.
- **Volunteer Labor Coach Services**  
 Labor Coach (LC) program is another unique service offered by AHS Prenatal Program, recommended especially for those who are giving birth in the U.S. for the first time. If you request for a LC, you will be paired up with a trained bilingual UC Berkeley student volunteer, about a month prior to the due date. Your LC will call you to fill out a Birth Plan (a tool to plan your key labor and delivery decisions), so you are better prepared for the hospital. And when you go into labor, your LC can meet you at the hospital to interpret, support you with comfort measures (physical and emotional), and advocate for your needs. Please speak to your CPHW for more information.

## **Delivery Hospital**

You can choose to deliver your baby at one of the following 2 hospitals:

1. **Alameda Health System** (Highland Hospital) in Oakland, **or**
2. **Alta Bates Summit Medical Center** (Ashby Campus) in Berkeley

Please ask your CPHW for more information about each hospital's maternity ward and visitor policy, to help you choose which facility will be best for you and your family.

## **Postpartum Care:**

- Your CPHW will call you after you give birth to schedule follow-up appointments for you and your newborn baby. It is very important to see our providers soon after being discharged from hospital, to ensure both of you are recovering well. Below is the recommended time frame:
  1. CPHW will schedule a Newborn appointment with a pediatrician, within 1-3 days the baby is discharged from the hospital.
  2. CPHW will schedule a Postpartum appointment for the new mother within 2 weeks, or within 4-6 weeks.

- **Breastfeeding Program (BF):**

In addition to providing BF education during your prenatal care, CPHWs will continue to be your resource person for all breastfeeding needs and help. When they call you to schedule a Newborn appointment, they will check in with you to see how breastfeeding is going and answer any of your questions. While in the hospital, we recommend all new mothers to see hospital's Lactation Consultant at least once; And once you leave the hospital, please contact your CPHW for any trouble and concerns you may have. They can help you over the phone, as well as help you in person at your Newborn appointments (this must be pre-arranged with your CPHW).

**\*NOTE:** Depending on insurance coverage, fees may apply.

# YOUTH AND TEEN CLINIC



Asian Health Services Youth Program (AHSYP) has been committed to serving East Bay youth for over two decades through means of fostering their emotional, physical, and intellectual health through holistic, coordinated, youth-driven resources and opportunities. The department offers opportunities that include leadership, clinical services, community building, and advocacy.

To learn more about our program and access our online resources, please visit us at: [www.tinyurl.com/AHSYPsite](http://www.tinyurl.com/AHSYPsite)

**To sign up or register for free Teen Clinic services or an appointment,** please call, text, or stop by the Youth Program office.

## **Youth Program**

- Office: 310 8<sup>th</sup> Street, STE 102, Oakland, CA 94607  
Accessible by:  
**BART:** 12th St./City Center BART station or Lake Merritt BART station  
**AC Transit lines & bus stops:** 8<sup>th</sup> and Harrison Street
- **Phone:** (510) 912-8598
- **Drop-in Office Hours:**  
Mondays, Wednesdays, Thursdays and Fridays – 10:00 AM-5:30 PM  
Tuesdays – 10:00 AM - 4:00 PM

## **Teen Clinic**

- 817 Harrison Street, Oakland, CA 94607
- 1st/3rd Tuesday – 4:00–6:00 PM (in-person appointments)  
2nd/4th Tuesday – 5:00–7:00 PM (Telephone appointments)

**\*\*Due to COVID-19, for a drop-in appointment please call ahead upon arrival to ensure safety protocols are met.**

# HIV CARE AND PREVENTION PROGRAM

HIV Care and Prevention Program, also called Honey Comb Hideout 510 (HCH510), provides primary health care to those living with HIV, and prevention programs to reduce HIV transmission for individuals and communities at risk. AHS patients and non-patients alike can access the HIV Care and Prevention Program services.



## HIV Testing and Counseling

- Testing is **FREE** and CONFIDENTIAL to everyone regardless of identity, background, insurance status, or AHS membership. A rapid test is provided with same-day results ready in **20 minutes**.

- Scheduling a Test and Counseling:  
Phone: (510) 972-4483

Email: [testing@ahschc.org](mailto:testing@ahschc.org)

Location: HCH510: 310 8th St, Suite 103, Oakland, CA 94607 (at ARC building).

Visit <https://hch510.org/> for more information.

- AHS members can also access HIV services through their primary care providers.

## PrEP and PEP Navigation

- PrEP is a daily oral medication or bimonthly injection that greatly reduces the risk of HIV transmission.
- PEP is a daily medication taken for 28 days to reduce the risk of transmission after a potential exposure to HIV. It must be taken within 72 hours of the exposure, but the sooner the better.
- To access PrEP or PEP, please see the contact info below:
  - Phone: (510) 972-4483
  - Email: [PrEP@ahschc.org](mailto:PrEP@ahschc.org)

## HIV Care and Treatment

- One-stop-shop healthcare navigation, including insurance enrollment, pharmacy support, and ongoing medical case management.



- Our HIV care team provides comprehensive health care for patients living with HIV. We have a diverse case management team including LGBTQ staff and multilingual staff (Spanish, Cantonese, Mandarin)
- We are committed to the health and wellness of our patients and ensure patients are connected to a range of medical, dental, psychosocial, and social services.
- AHS is a certified AIDS Drug Assistant Program (ADAP) enrollment site.

## **Education and Outreach**

- Outreach and education programs conducted in the East Bay:
  - **Men of Color Health Alliance of Alameda (MOCHAA):**  
An Oakland-based social group welcoming young men of color (and allies) in the East Bay in fostering a safe space to create friendships and network with peers, discuss topics of identity and wellness relating to people of color, and empower a healthier East Bay community. For more information, contact (510) 717-0110 or [mochaa@ahschc.org](mailto:mochaa@ahschc.org)
  - **Café con Leche Program:**  
A support group for Spanish-speaking gay and bisexual men living with HIV. For more information, contact (510) 967-4096.

## **Advocacy**

- The HIV Care and Prevention Program is committed to bringing about awareness of HIV among Asian and Pacific Islander communities in the East Bay through campaigns and local advocacy.

For more information, please call (510) 972-4483.

[www.asianhealthservices.org/HIV](http://www.asianhealthservices.org/HIV)  
[HCH510.ORG](http://HCH510.ORG)

# NUTRITION SERVICES PROGRAM

Nutrition services program can help you improve health through lifestyle change. We offer individual counseling and group classes on specific topics to meet your needs.

## **Individual Counseling**

- During individual counseling, a Registered Dietician (RD) will:
  1. Check your body composition (including weight, body fat, body muscle, visceral fat level)
  2. Evaluate your diet history, physical activity level and lifestyle
  3. Collaborate with you to develop a custom-made recommendation to manage your illness and improve your health status



## **How do I make an individual appointment with an AHS Nutritionist/ Dietitian?**

A nutrition counseling session is scheduled for you by clinic staff upon your provider's referral. You may also ask your provider that you wish to see a nutritionist/dietician.

# DENTAL SERVICES

Asian Health Services Dental Clinic provides comprehensive dental services to the whole family. Your oral health is an integral part of your overall health.

## Our services include:

Comprehensive oral exam, digital x-rays, cleaning, fluoride, sealants, fillings, extractions, root canals, gum disease treatment, crowns, bridges, and dentures. We also provide implants in some special cases.

We also have specialists for advanced cases:

- Endodontics (Root canal)
- Oral surgery (Wisdom teeth extraction)
- Pediatric dentistry (Children)
- Periodontics (Implants)



We are the first and only community clinic in California to provide integrated behavioral health services and in-house advanced specialty care including endodontics, periodontics, pediatric and oral surgery. We also provide diabetes screening and HbA1C tests if needed.

## Who can be seen?

- Due to the high volume of patients, the Dental Clinic **ONLY** accepts those who are already AHS medical patients **AND** currently are:
  - on Medi-Cal (including Alameda Alliance for Health) OR
  - on sliding fee scale or HealthPAC patients
- **Currently, no private insurance is accepted. If you have out-of-county plans, please contact our staff first to see if your plan covers dental services in Alameda County.**
- A sliding fee scale is offered to eligible patients, based on household income. This also applies to services not covered by your insurance. Please check with dental clinic staff for more specific information.

# YOUR DENTAL APPOINTMENT

## What happens at your first dental visit?

PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME

- For every appointment, you will need:
  1. Appointment card
  2. Photo I.D. card
  3. Any health insurance card you have
  4. All your medications or list of all medications you are currently taking
  5. Co-payment for dental services
  6. Update any change of address and/or phone number
  7. Update your income as needed if you want to receive sliding scale
- Please sign in so staff knows you are at the clinic and they will check you in.
- When your provider is ready to see you, a staff will come out, call your name, and take you to the dental exam room.

**\*\* Children under 18 must have a parent or guardian present. Guardian must be over 21 and must bring a picture ID. Non-parent guardian has to bring in authorization papers signed by parents and fill out an Affidavit of Authorization.**

At your first routine dental visit, you will need to fill out a patient packet digitally on iPad that includes your medical and dental history and other forms. Dental staff will help you with the digital check-in. Our dental assistant will take vital signs including your weight, height, blood pressure and pulse (also temperature if necessary). You will receive a comprehensive oral exam and X-rays. The dentist will then provide you with a treatment plan based on your dental needs. After the exam, we will schedule appointments for you for follow-up care. If you need specialty procedures, you may be referred to a specialist.

# SCHEDULING, CANCELING, MISSING DENTAL APPOINTMENTS

## **ROUTINE (NON-URGENT) CARE APPOINTMENT**

 To schedule a routine dental appointment, contact one of the following:

➤ **MAIN DENTAL CLINIC**

345 9th Street, Suite 302, Oakland, CA 94607  
Monday through Friday – 9 AM – 12:30 PM | 1:30 – 5 PM  
Saturday – 8:30 AM – 1 PM  
Phone: (510) 986-6888

➤ **HARRY AND JEANETTE WEINBERG DENTAL & WELLNESS CLINIC**

190 11<sup>th</sup> Street, Oakland, CA 94607  
Monday through Friday – 9 AM – 12:30 PM | 1:30 – 5 PM  
Phone: (510) 250-8300

➤ **COLLEGE OF ALAMEDA DENTAL CLINIC**

555 Ralph Appezato Memorial Parkway Building A-218  
Monday & Friday during school year – 9 AM – 12:30 PM | 1:30 – 5 PM  
Monday & Wednesday June - August – 9 AM – 12:30 PM | 1:30 – 5 PM  
Saturday September through May – 8:30 AM – 1 PM  
Phone: (510) 986-6812

\* Please note that the schedule may vary.

➤ **FRANKLIN ELEMENTARY, SCHOOL-BASED CLINIC**

915 Foothill Blvd, Oakland, CA 94606  
Thursday – 9 AM -12 PM | 1 – 4 PM  
Phone: (510) 874-3354

\* During academic school year; please note that the schedule may vary.

➤ **LINCOLN ELEMENTARY, SCHOOL-BASED CLINIC**

225 11th Street, Oakland, CA 94607  
Schedule pending – Please check with the school office  
Phone: (510) 874-3354, Ext 51098

➤ **OAKLAND HIGH-SCHOOL, SCHOOL-BASED CLINIC**

1023 MacArthur Blvd, Oakland, CA 94610

Dental Clinic Hours\*:

Friday – 9 AM -12:30 AM | 1:30 – 4:30 PM

\* During academic school year; please note that the schedule may vary.

➤ **AHS MOBILE VAN**


97 Callan Avenue, San Leandro, CA 94577


1st/3rd Wednesday – 9 AM – 12 PM | 1 – 4 PM

Phone: (510) 250-8300


Note: You do not need a referral from your AHS provider but you have to be a current medical patient at AHS.

### **DENTAL EMERGENCIES (URGENT) CARE APPOINTMENT**

 During business hours, call **(510) 986-6888** for an appointment. Our staff will give you an appointment depending on triage outcomes and the level of urgency.

 When the office is **closed**, please call **(510) 986-6888** and listen to instructions in English, Cantonese, Mandarin, Vietnamese, or Korean.

### **CANCELING DENTAL APPOINTMENTS**

 Please call the dental clinic number **at least 24 hours** in advance to cancel your appointment so that we can accommodate other patients who may need an appointment.

If you missed an appointment, please call to reschedule. Because of the long wait time and limited capacity, we reserve the right to cancel your future appointments if you have repeated no shows or cancellations for your appointments. Please remember that it is imperative that you do call to cancel.

# BEHAVIORAL HEALTH SERVICES

## INTEGRATIVE BEHAVIORAL HEALTH

At Asian Health Services, we understand that our well-being is dependent on our physical and mental health. Our behavioral health services staff work closely with the medical team to help patients address life stressors affecting their overall wellness.

### **Types of Services**

#### **I. Brief Therapy**

- Mental health assessment
- Brief or short-term counseling
- Crisis intervention and safety planning
- Domestic violence counseling
- Care coordination with the care team

#### **II. Psychiatry**

- Mental health assessment
- Medication management
- Care coordination with the care team

#### **III. Case Management**

- Evaluation of concrete needs
- Information and referral to community resources
  - Public assistance
  - Housing assistance
  - Food support
  - Transportation
  - Legal aid

### **Referral Process**

- Patient must be a current member of Asian Health Services
- Patients can initiate and discuss with their medical provider about the need for behavioral health services.

- The medical provider will make a referral to services as appropriate.
- Asian Health Services staff will outreach to schedule appointments or follow-up with additional resources.

## **Urgent Behavioral Health Issues**

- If you are thinking of hurting yourself or others, please call 911, 988, or the 24-hour Crisis Hotline 1-800-309-2131 for assistance. Telephone translation will be provided.
- If you plan to hurt yourself or others or are in extreme distress, please call 911 immediately.
- If you have never met with a behavioral health clinician or case manager and feel there's an urgent behavioral health related issue, please contact our Advice nurse (see insert) to discuss the nature of your condition. The nurse will decide with you on the best care plan.
- If you leave a message for your current behavioral health clinician or case manager, it may take more than 48 hours to get back to you. If you are in urgent need, please call the emergency numbers provided above.

## **Canceling or Rescheduling an Appointment**

Patients are advised to keep the appointment as scheduled to maintain the efficacy of the therapeutic process. We understand that there may be unforeseen circumstances that patients may not be able to keep the appointment as scheduled. Please inform AHS staff in advance to ensure a timely appointment is rescheduled for you. This will also allow others to utilize the appointment time you have vacated.

Call your home clinic (see insert) to reschedule or cancel **at least 24 hours** prior to your scheduled appointment date.



# SPECIALTY MENTAL HEALTH

AHS' Specialty Mental Health (SMH) division provides linguistically and culturally appropriate mental health services to residents of Alameda County, including the Asian and Pacific Islanders (APIs) Medi-Cal populations, who meet medical necessity criteria for moderate to serve mental illness or are at risk of developing mental health issues.

## **Types of Services**

- **Medi-Cal**
  - Outpatient Crisis stabilization services
  - Intensive Services for adults (18+) with Severe Mental Health conditions
  - Mental Health services for infants/toddlers 0-5 years
  - Mental Health services for school-age youth
  - Mental Health services for adolescents
- **Free Services**
  - Mental health screening to determine medical necessity for Specialty Mental Health services
  - Support Groups (youth and adults in API languages)
  - Consultative counseling and case management services (youth and adults in API Languages)

## **Referral Process**

- Patient must be a resident of Alameda county
- Have Medi-Cal insurance
- Meet medical necessity criteria for moderate to serve mental health services per Alameda County Behavioral Health Care Services.

- Patients can discuss with their AHS provider a referral to Specialty Mental Health Services. The AHS provider may also make a referral based on the clinical assessment.
- Non-patients of AHS may also contact the Alameda County Behavioral Health Care services ACCESS phone line to be assessed and referred for services at 1-800-491-9099.

### **Urgent Mental Health Support**

- If you are having a mental health emergency when our office is closed, dial Emergency Assistance at 911, Suicide & Crisis Line at 988, or the Alameda County Mobile Crisis Team [510-891-5600](tel:510-891-5600) (M-F 8 AM - 6 PM).
- During business hours, if you feel an urgent mental health need, contact your SMH counselor to discuss the nature of your condition. Your counselor will decide with you the best care plan.
- If you have never seen a counselor in the SMH care team but feel there is a mental health-related need, contact AHS ACCESS at 510-735-3939 for mental health services and referral.

### **Canceling or Rescheduling an Appointment**

Patients are advised to keep the appointment as scheduled. If you have to cancel, please call your SMH counselor to reschedule or cancel **at least 24 hours** prior to your scheduled appointment date.

### **Asian Health Services ACCESS**

The SMH program supports the AHS ACCESS phone line that provides mental health services and referrals to API language-speaking residents of Alameda County. The AHS ACCESS line is 510-735-3939 (M-F 9 AM – 5 PM).

# COMMUNITY HEALING UNIT

AHS' Community Healing Initiatives is a program that supports individuals and families who have been impacted by hate and violence. We offer direct services in English, Cantonese, Mandarin, Vietnamese, Khmer, and other Asian languages.

## Types of Services

- Mental health counseling
- Case management
- Systems navigation
- Alternative healing (e.g., acupuncture, massage therapy, yoga)

## Eligibility

- You do not need to be a member of AHS or have insurance to access our services.
- All services are free of charge.
- Anyone who lives in Alameda County or if the incident happened in Alameda County would qualify for the program.

For more information, you may contact us at **510-735-3940** or email us at [ahshealingunit@ahschc.org](mailto:ahshealingunit@ahschc.org) from Monday to Friday, 9 AM – 5 PM. You will be connected to a staff who can help determine eligibility and next steps. Please note that our phone number is not a hotline; if there is an emergency, please call 911 or go to your nearest hospital.

# OTHER SERVICES AND INFORMATION

## SLIDING FEE DISCOUNT PROGRAM

### **What is the Sliding Fee Discount Program?**

The federal and county government requires AHS to make services affordable to all patients. The AHS Sliding Fee Discount Program makes it easy for low-income families to get the healthcare that they need, when they need it. What you pay is based on your family size and income. So it is designed to meet your personal financial situation.

### **How Do I Apply?**

You may apply for the program when at the Member Services Department or ask staff when you check in. Bring these documents to your Member Services appointment:

- Identification
- Social Security Number (if you have one)
- Proof of Income
- Employer Name and Address (if you work)
- Proof of address (utility bills, rent receipt)
- Health Insurance Card (if you have one)

### **What If My Financial Situation Changes?**

You may contact Member Services at (510) 986-6880 or visit 818 Webster Street, Oakland, CA 94607 to let them know your need to make a change in what you pay. Also, you must renew this information each year to stay in the program.

### **What types of treatment are offered through the Sliding Fee Discount Program?**

The program applies to routine services in primary care, OB, dental, and mental health.

### **How do I pay?**

What you pay depends on your family's income. If you owe any amount, you may pay at the time of your visit or ask for a bill. You may ask the Billing Department for payment plan.

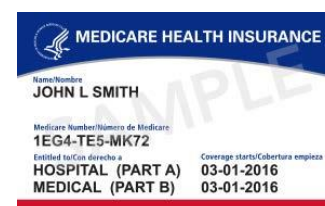
# MEMBER SERVICES

The Member Services Department is here to connect you to services available in Asian Health Services. Besides assisting with new patient registration, we can assist you in a wide range of services from enrollment to annual renewal of government programs based on your status including those who have had a change in financial status, such as Medi-Cal, Covered California, Medi-Cal Access Program (MCAP), HealthPAC and CalFresh. In addition, we can assist to enroll into special-funded programs if you are eligible.

## **What We Accept:**

AHS accepts many forms of health insurance plans, including but not limited to:

- Medicare
- Medi-Cal (Medicaid)
- IHSS Group care
- Private Insurances
- Covered California (e.g., Blue Shield)
- HealthPAC
- Presumptive Eligibility for Pregnant Women
- Family PACT
- CHDP



\*For private insurance, it is your responsibility to determine whether services provided by AHS will be covered under your insurance. For a complete list of current insurances accepted, please contact the Member Services Department.

## **Contact Information**

For any questions or details on how to enroll into any of the above programs, registration process or for additional information, please call the Member Services Department at 510-986-6880.

# PATIENT COMPLAINTS WITHIN AHS

**Policy:** A patient may file a formal complaint when he/she is dissatisfied with the treatment at AHS. Upon a patient's request to file a complaint, the AHS staff receiving the complaint will attempt to resolve the complaint informally. If the complaint cannot be resolved informally, the AHS staff will contact the immediate supervisor.

If you believe that Asian Health Services has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Joann Wong, Chief Administrative Officer  
101 8<sup>th</sup> Street, Suite 100, Oakland, CA 94607  
**Phone:** 510-735-3113  
**Fax:** 510-735-3299

# COMMONLY USED WORDS AT AHS AND IN THE HEALTH CARE SYSTEM

**Advice Nurse (Triage system):** This is used if you need urgent care or a drop-in appointment. The Advice Nurse will arrange for you to see a PCP when you need urgent care.

**AHS:** Asian Health Services

**Authorization:** When your PCP writes you a referral and informs you that his/her office is processing the papers, it means that he/she is applying for an authorization from your health plan. It will take some time for the office and your health plan to complete the paperwork before you can make an appointment with a specialist.

**Copay:** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

**Deductible:** A set dollar amount that a person must pay before insurance coverage for medical expenses can begin.

**Drop-In Appointment:** An appointment made when you do not have a scheduled medical visit, but you want to see a PCP on the same day due to a medical problem.

- In such situations, call the Advice Nurse for Urgent Care. If your PCP is not available, another doctor may see you. *Also see "Urgent Care."*

**Emergency:** If you experience life-threatening symptoms, such as excessive bleeding, loss of consciousness, difficulty in breathing, etc., it is considered an emergency.

- In such situations, call 911 or go to the Emergency Room at the nearest hospital. If you go to the AHS Clinic, an Advice Nurse will determine if it is necessary to send you to an Emergency Room.

**Enrollment:** The process you go through in order to become an AHS patient and member.

**HMO (Health Maintenance Organization):** Organizations that contract with hospitals and other providers to form a network to provide a range of healthcare services for their members for a set fee.

- Members must see a provider or go to a hospital that is a part of the HMO and must get a referral from their primary care provider to see a specialist.
- An HMO is one example of Managed Care.

**Health Plan:** Health insurance that covers a specific range of healthcare services. Examples of health plans are health maintenance organizations (HMO), preferred provider organizations (PPO), traditional health insurance plans, or other governmental or state insurance (i.e.- Medi-Cal, Medicare).

**MAGI Medi-Cal:** *Please see “Medi-Cal”*

**Managed Care:** A health care network that offers a complete range of services for primary care and health maintenance. Your primary care provider provides and arranges for all your health needs. *HMOs are examples of Managed Care*

**Medi-Cal:** Is California’s health insurance program which provides health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, and pregnant women. Individuals may fit under one of the following based on status:

- **MAGI Medi-Cal:** Under the Affordable Care Act (ACA), starting in 2014, many low income people will be qualified for Medi-Cal under Coverage Expansion. Under MAGI (Modified Adjusted Gross Income) Medi-Cal, it will be based on the individual’s or family’s tax return only. There will be no longer any asset test.
- **Non-MAGI Medi-Cal:** Elderly, disabled, long-term care, and individuals deemed eligible for Medi-Cal as a result of other programs such as CalWORKs or foster care, are subject to the asset test.

**Medicare:** A federal healthcare program for elderly people, age 65 years and over, and for disabled individuals if they meet criteria based on work history, income, and/or citizenship status.

**Member:** When you have gone through the enrollment (registration) process at AHS, you have become a “member” of AHS (also known as AHS patient).

**Member Services Department:** Enrolls new patients, verifies and explains insurance coverage, helps to process problems related to insurance coverage, and conducts annual financial updates for patients in public programs. They also assist you with questions related to Medi-Cal, Medicare, or private insurance.



**Network:** a group of providers that is organized to give services to a group of people.

**Non-MAGI Medi-Cal:** *Please see “Medi-Cal”*

**OB Patient:** A patient who is pregnant and is seeing a PCP at AHS for perinatal care. OB is an abbreviated term for “obstetric.”

**Patient ID Number (also known as Medical Record Number (MRN)):** An identifiable number unique to every patient. The medical record number is maintained by the rendering healthcare entity and is linked to information that the patient provides the healthcare facility. Patient information includes, but is not limited to, his or her symptoms and medical history, the results of examinations, reports of x-rays and laboratory tests, diagnoses, and treatment plans.

**PCP (Primary Care Provider):** The doctor who sees you on a regular basis and coordinates referrals when you need to see specialists. This term is also known as a “family doctor” or “provider.”

**PN (Patient Navigator):** A staff member who helps patients access Asian Health Services and utilize our services. They help patients to check-in and out, answer questions, apply for programs that can cover their health costs, and serve as a resource for patients.

**PPO (Preferred Provider Organizations):** Organizations with a group of providers who provide medical services to members for rates that the providers agree upon.

- Members must see a provider within the PPO network.
- Members should check with their primary care provider to see if a referral is needed to see a specialist.

**Private Health Insurance:** Health insurance purchased by your employer or yourself. Examples include Kaiser, Blue Cross, Blue Shield, etc.

**PSR:** Patient Services Representative, usually referred to as “Receptionist”, the staff member who helps you to check in or check out.

**Referral:** A recommendation made by a provider for a patient to be seen by a specialist, diagnostic or therapeutic provider/ service.

**Rx:** A medical prescription.

**Sliding Fee:** Cost of services not covered by insurance are discounted on the basis of the patient's ability to pay. Ability to pay is determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

**Share of Cost:** The amount of money a person must pay or incur in medical services in a given month before receiving Medi-Cal benefits. A share of cost is like an insurance deductible.

**Specialist:** A doctor who specializes in a specific medical field (gynecologist, nephrologist, etc.). You usually need a referral from your PCP to see a specialist.

**Urgent Care:** Refers to the need to see a doctor for an immediate (same day), but not life threatening medical problem.

**Vital Signs:** Refers to measuring temperature, pulse, respiration, and blood pressure.

# AHS PATIENT RIGHTS

You have the right to:

1. A full explanation of your treatment.
2. Receive information about the side effects of medicines and treatments that you receive.
3. Participate actively in decisions regarding your medical care.
4. Be informed that your medical-social history, diagnoses, treatment plans, and medical notes will be recorded.
5. Be informed that these records are kept confidential and that you have the right to request that records used for treatment, payment or health care operations are not shared with other healthcare providers or agencies. AHS will review your request and, if feasible, honor it.
6. Be informed that you can change your request at any time and allow other health care providers or agencies to view your records.
7. Receive your medical records in reasonable time, when you request them.
8. Reasonable continuity of care.
9. Receive services without being discriminated against because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).
10. Be informed to use our services.
11. Be treated with respect, dignity, and consideration.
12. Be informed of your PCP's qualifications.
13. Know the names of the staff providing services.
14. Know in advance the time and place of your appointment and the name of the PCP.
15. Receive an explanation of your bill.
16. Request another AHS PCP if you are not satisfied with your present PCP.
17. Be informed that by law AHS must report all suspected cases of abuse, mistreatment, or negligence of children or adults.
18. Be informed that if you show imminent danger to yourself or others, we will take precautions to prevent a tragedy.
19. Be informed that there is a process to register complaints.
20. Request an interpreter for your language in any healthcare setting.
21. Be informed that a discounted sliding fee scale is available.
22. Be informed that no one will be denied access to services because of ability to pay.

# AHS PATIENT RESPONSIBILITIES

It is your responsibility to:

1. Keep your appointment and arrive 15 minutes prior to your appointment time.
2. Notify AHS at least 24 hours before the day of your appointment if you wish to cancel.
3. Tell your PCP if you do not understand his/her instructions.
4. Actively participate in your treatment and care.
5. Carefully read all written materials provided by AHS.
6. Treat staff with courtesy and respect.
7. Contact us when there is a change in your address, telephone number, insurance coverage, or family income.
8. Pay your bills on time.
9. Cooperate with AHS in providing complete and accurate information when requested.
10. Know that AHS reserves the right to withdraw care from patients who are verbally or physically abusive and/or threatening to the staff and who continually are non-compliant in:
  - a. following medical treatment and instructions,
  - b. making payments, or
  - c. keeping appointments

# AHS SUMMARY OF NOTICE OF PRIVACY PRACTICES

**Effective Date: January 1, 2023**

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

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical and health care we provide and may receive such records from others. We use these records to provide or enable other healthcare providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate Asian Health Services properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical and related health information. It also describes your rights and our legal obligations with respect to your medical and related health information.*

**If you have any questions about this Notice, please contact the HIPAA Privacy Officer, Joann Wong, at (510) 735-3112.**

## **A. How This Medical Practice May Use or Disclose Your Health Information**

The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your protected health information for the following purposes:

1. Treatment. We use medical and related health information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide or we may share this information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured or following your death.
2. Payment. We use and disclose medical and related health information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires for payment. We may also disclose information to other healthcare providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose medical and related health information about you to operate Asian Health Services. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan or to Medical or Medicare to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your medical and related health information. Although federal law does not protect health information

which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse, or one of their business associates, California law prohibits all recipients of healthcare information from further disclosing it except as specifically required or permitted by law. We may also share your information with other healthcare providers, healthcare clearinghouses, or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, protocol development, case management or care coordination activities, their review of competence, qualifications, and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, their activities related to contracts of health insurance or health benefits, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses, and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

We are also part of an organized healthcare arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of AHS, OCHIN supplies information technology and related services to AHS and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by AHS with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Healthcare operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The protected health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

4. Optional: Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments via phone call, email or text messages (SMS). If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign-in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if

we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to encourage you to purchase or use products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans we participate in., We may receive financial compensation to talk with you face-to-face, to provide you with small promotional gifts, or to cover our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed for you, but only if you either: (1) have a chronic and seriously debilitating or life-threatening condition and the communication is made to educate or advise you about treatment options and otherwise maintain adherence to a prescribed course of treatment, or (2) you are a current health plan enrollee and the communication is limited to the availability of more cost-effective pharmaceuticals. If we make these communications while you have a chronic and seriously debilitating or life-threatening condition, we will provide notice of the following in at least 14-point type: (1) the fact and source of the remuneration; and (2) your right to opt out of future remunerated communications by calling the communicator's toll-free number. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any financial compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child, elder, or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and California law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.
14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.
16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: (1) your treatment, (2) for training our staff, students, and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceeding, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, (5) in response to health oversight activities concerning your psychotherapist, (6) to avert a serious threat to health or safety, or (7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising. We may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information, and health insurance status in order to contact you for our fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy



Officer if you decide you want to start receiving these solicitations again.

## **B. When Asian Health Services May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning healthcare items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to access, use, or exchange which includes inspecting or obtaining copies of your protected health information, with limited exceptions. To access your protected health information, we prefer receiving a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form, and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy or exchange your electronic health information to any other person you designate. Additionally, we will provide access using a patient portal or other interface. We may charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. If our preference to receive your request in writing will be a barrier or hardship for you, you may make a verbal request and upon verification of your identity we will act on this request. We may deny your request under limited circumstances including concerns that providing the request may result in harm or endanger you or another person, or compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If we deny your request, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you

believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

#### **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

#### **E. Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region IX  
Office of Civil Rights  
U.S. Department of Health & Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
800-368-1019  
Fax: 202-619-3818  
TDD: 800-537-7697  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint

#### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Asian Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Asian Health Services:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Joann Wong, Civil Right Coordinator.

If you believe that AHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Joann Wong**  
**101 8<sup>th</sup> Street, Suite 100**  
**Oakland, CA 94607**  
[dsuh@ahschc.org](mailto:dsuh@ahschc.org)  
**Voice: 510-735-3112**  
**Fax: 510-735-3299**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Joann Wong is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **F. Informed Consent for Telehealth Consultations**

All patients receiving Telehealth Consultations will need to review and consent to the following consultation terms:

1. The consulting health care provider or specialist will be at a different location from me. I will connect to the virtual visit from home.
2. I will be informed if any additional personnel are to be present other than myself, individuals accompanying me, and the clinician or specialist. I will give my verbal permission prior to the entry of the additional personnel.

3. The provider will keep a record of the consultation in my medical record.
4. **RELEASE OF INFORMATION:** AHS and/or providers who provide professional services to the patient are authorized to furnish medical information from my medical record to the referring physician, if any, and to any insurance company or third-party payer for the purpose of obtaining payment of the account. AHS is authorized to release information from my medical record to any other healthcare facility or provider to which my care may be transferred.
5. I voluntarily consent to health care services provided by my doctor(s) or a designee, which may include diagnostic tests, drugs, and examinations.
6. I understand that I have the option to refuse telehealth service at any time without affecting the right to future care or treatment and without risk losing benefits. I do not have to answer any questions that I consider to be inappropriate or am unwilling to have heard by other persons.
7. I understand that if I do not choose to participate in a telemedicine session, no action will be taken against me that will cause a delay in my care and that I may still pursue face-to-face consultation.
8. I understand that as with any technology, telemedicine does have its limitations. There is no guarantee, therefore, that this telemedicine session will eliminate the need for me to see a specialist in person.



**ASIAN HEALTH SERVICES**

This handbook is available in Chinese, English, Korean and Vietnamese.

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Asian Health Services