PATIENT HANDBOOK

Family Health Centers
Louisville, Kentucky
Welcome to the Family Health Centers

At Family Health Centers, we believe that the cost of health care should never prevent you from seeing a doctor when you need one. Our services are provided on a sliding fee scale, discounts based on your family size and income. Everyone is welcome here.

**Our Mission**
The mission of Family Health Centers is to provide access to high quality primary and preventive care services without regard to the ability to pay.

**Our Vision**
At Family Health Centers, we will provide you and your family with the same care and attention we want for our families and ourselves.

**Our History**
In 1976, Family Health Centers, Inc. was established by the Louisville-Jefferson County Board of Health to improve access to high quality primary and preventive health services for residents of the Louisville Metro area. We opened as the Louisville Memorial Primary Care Center with a freestanding Board of Governors to operate our health center. In 1985, we changed our name to “Family Health Centers” and a few years later the organization was incorporated as a non-profit. We now have eight health centers throughout Louisville to improve health care access in medically underserved areas.
Our Hours and Locations

PORTLAND · (502) 774-8621
PORTLAND PHARMACY · (502) 772-8625
2215 Portland Ave., Louisville, KY 40212 TARC Rt 22, Rt 27, Rt 43

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*Evening hours vary by week. Please call.

Services: Adult Primary Care, Women's Health, Pediatrics, Pharmacy, Lab, Radiology, Dental, Behavioral Health, Substance Use Services, Social Services, Health Insurance Enrollment Assistance, Health Classes

EAST BROADWAY · (502) 583-1981
EAST BROADWAY PHARMACY · (502) 290-2653
834 East Broadway, Louisville, KY 40204 TARC Rt 23, Rt 43, Rt 21

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SOUTHWEST · (502) 995-5051
Medical Office Building 1, Suite 220, 9702 Stonestreet Road, Louisville, KY 40272 TARC Rt 21, Rt 43

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Our services are available to all Family Health Centers' patients, but may not be offered at all locations.

FAIRDALE · (502) 361-2381
1000 Neighborhood Place, Fairdale, KY 40118 TARC Rt 4, Rt 2, Rt 6

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Services: Adult Primary Care, Women's Health, Pediatrics, Pharmacy, Lab, Behavioral Health, Substance Use Services, Health Insurance Enrollment Assistance, Health Classes

AMERICANA · (502) 772-8860
4805 Southside Dr., Louisville, KY 40214 TARC Rt 4, Rt 2, Rt 6

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Services: Adult Primary Care, Women's Health, Pediatrics, Pharmacy, Lab, Behavioral Health, Substance Use Services, Health Insurance Enrollment Assistance, Health Classes

IROQUOIS · (502) 366-4747
4100 Taylor Blvd, Louisville, KY 40215 TARC Rt 6

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Services: Adult Primary Care, Women's Health, Pediatrics, Pharmacy, Lab, Behavioral Health, Substance Use Services, Health Insurance Enrollment Assistance, Health Classes

PHOENIX HEALTH CARE FOR THE HOMELESS · (502) 568-6972
712 E. Muhammad Ali Blvd., Louisville, KY 40202 TARC Rt 21, Rt 43

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Services: Adult Primary Care, Dental, Pharmacy, Lab, Health Insurance Enrollment Assistance, Housing Services, Behavioral Health, Substance Use Services, Peer Support

Parking is available at all Family Health Centers sites.

Hours can vary by department and services. Please call with questions.
Family Health Centers is a primary care provider with additional health services to support your health and wellness. We care for people of all ages, including:

**Primary Care for Adults**
Physicals, sick visits, chronic disease management, cancer screenings, and other preventive care.

**OB/GYN Care for Women**
Prenatal care, female exams, mammograms, cancer screening, and family planning services.

**Pediatric Care for Babies and Children**
Well-child checkups, sick visits, immunizations, school, and sports physicals.

**Behavioral Health Services**
Assessments and supportive services for mental health concerns, substance use, and making healthy lifestyle choices as part of routine healthcare. Behavioral Health services are available to Family Health Centers’ medical patients.

**Substance Use Services**
Medication Assisted Treatment (MAT) for alcohol and opioid use combines counseling and medicine to support recovery. Available to Family Health Centers’ medical patients.

**Laboratory and X-ray Services**

**Dental Care**
Cleanings, fillings, tooth extractions, x-rays, preventive care, and education.

**Pharmacy**
On-site pharmacies at FHC-Portland, FHC-East Broadway, and FHC-Phoenix locations.

**Health Insurance Enrollment Assistance**
Help for people to enroll into Medicaid or other health insurance. There is no charge for our Assisters services and is open to the community.

**Case Management and Social Services**
Help applying for medication assistance programs, enrolling into Medicare Part D (prescription program for seniors), and help connecting patients to community resources.

**Health Education Services**
Free and low-cost health classes, open to patients and community members. Programs for adults include:
+ Healthy eating classes, such as appointments with a dietitian, cooking and meal planning classes.
+ Exercise classes, such as Aerobics and Yoga.
+ Smoking cessation classes.
+ Chronic disease management classes, for patients with high blood pressure, diabetes, asthma, depression, pain, and more.
+ Extra help for patients with high blood pressure or diabetes.

Programs for families include:
+ Prenatal classes about healthy pregnancy, childbirth, and breastfeeding.
+ Family playgroups.
+ Child safety program, providing low-cost car seats, booster seats, and bike helmets to eligible patients.

Class schedules are available in our health center locations, online at www.fhclouisville.org or call (502) 772-8588 for more information.

**Refugee Health Program**
Refugee Health Assessments, integrated behavioral health services with care coordination services, and education programs for our newest neighbors.

**Programs for People Experiencing Homelessness**
Housing assistance, case management, psychiatric care, and substance use treatment.

**Accessibility and Language Services**
We are accessible for those with hearing, vision, or mobility limitations. We provide qualified medical interpreters free of charge. Patients or family members who speak limited English, or who are deaf or hard of hearing, have the right to ask for an interpreter.

**Community Health Worker Program**
Trusted lay health workers who provide health education, outreach, and navigation services to patients and program participants.
Your Family Health Centers Care Team

At Family Health Centers, our doctors and nurse practitioners are called “providers.” Our providers specialize in primary care – your regular source of care when you are healthy or sick. Primary Care Providers, or PCP, can diagnose and treat many health conditions.

At Family Health Centers, every patient has a PCP.
+ You can choose the provider you want as your PCP.
+ If you do not have a preference, Family Health Centers will choose a PCP for you. Families will be assigned to the same PCP whenever possible.
+ At any point, you can change your PCP by talking to a front office receptionist or when making your next appointment.
+ Meet our providers online at www.fhclouisville.org

Your FHC care team may include

- Doctors
- Advanced Practice Registered Nurses (APRN)
- Psychiatric Nurse Practitioners
- Nurses and Medical Assistants
- Pharmacists and Pharmacy Staff
- Dentists and Dental Hygienists
- Case Workers
- Interpreters
- Behavioral Health Clinicians
- Community Health Workers
- Health Educators
- Medical Records Clerks
- Referral Clerks
- Medical Receptionists
- X-ray and Lab Technicians

You and your family are also important members of your health care team!
Referrals
Sometimes you may need to be referred out for a procedure or to a specialist for further care.
+ You must first see your Family Health Centers’ provider about the health problem. Then your provider can refer you to a specialist or recommend one for you.
+ If you have questions about the status of a referral or need it to be renewed, call your Family Health Centers site and select the “Referral” option on the phone menu.

Paperwork
If you need special forms filled out, please allow at least three working days for your provider to complete the paperwork.

For Your Safety
+ Any patient with a rash must let a receptionist at the front desk know immediately.
+ All Family Health Centers locations are smoke-free. No smoking is allowed on the property, inside or outside the building.
+ No weapons are allowed in any Family Health Centers location.

Family Health Centers takes the safety of our patients and employees seriously. We need your help. If you see violent or disruptive behavior at any of our locations, report it immediately to the nearest staff person.

For questions or more information, call the Patient Ombudsman at (502) 772-8560.
Pediatric Patients (newborns - 17 years)
A well child check is an exam to check your child’s growth and development. This is also the time to have your child immunized against serious illnesses.

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<th>Well Child Check</th>
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<td>Newborn</td>
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<td>1 month</td>
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<td>2 months</td>
<td>DTaP, Hib, Pneumococcal, Polio, Hepatitis B, Rotavirus</td>
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<td>4 months</td>
<td>DTaP, Hib, Pneumococcal, Polio, Rotavirus</td>
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<tr>
<td>6 months</td>
<td>DTaP, Hib, Pneumococcal, Polio, Hepatitis B, Rotavirus, Flu*</td>
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<td>9 months</td>
<td>None if up to date.</td>
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<tr>
<td>12 months</td>
<td>MMR, Varicella, Hepatitis A, Flu (2nd dose if needed)*</td>
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<tr>
<td>15 months</td>
<td>DTaP, Hib, Pneumococcal</td>
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<tr>
<td>18 months</td>
<td>Hepatitis A</td>
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<td>2 years</td>
<td>Flu*</td>
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<td>2 ½ years</td>
<td>None if up to date.</td>
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<tr>
<td>3 years</td>
<td>Flu*</td>
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<td>4 years</td>
<td>MMR, Varicella, Polio, DTaP, Flu*</td>
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<tr>
<td>5 years - 10 years</td>
<td>Flu*, HPV (9 years old, 2 doses 6-12 months apart)</td>
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<td>11 years</td>
<td>TDaP, Meningitis, Flu*</td>
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<td>12 years - 15 years</td>
<td>Flu*</td>
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<td>16 years</td>
<td>Meningitis, Flu*</td>
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<td>17 years</td>
<td>Flu*</td>
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*Flu (Influenza) vaccines are given annually during the flu season for children 6 months of age and older. Well child check and immunization schedule are guidelines from the American Academy of Pediatrics and the Centers for Disease Control and Prevention.

Some immunizations can be given within a range of ages. This is for informational purposes only. If you have questions you should speak with your child’s provider.

Immunization Certificates
Request an Immunization Certificate at the time of your child’s well child check or when immunizations are being given. If your child is not due for a well child check or shots, you may request an immunization certificate through the Triage Nurse. Please allow 24 - 48 hours to fulfill this request.

Speak to your Family Health Centers’ provider about what vaccines and preventive screenings you need. These pages list general recommendations, but should not be considered medical advice.

Adult Patients (18 years and older)

Immunizations and Vaccines
+ Flu shot: Every year.
+ Tdap vaccine: Once, then Td booster every 10 years.
+ Pneumonia vaccine: Consult with your FHC provider.
+ Shingles vaccine: Once after age 60 years.
+ HPV vaccine: For ages 11 - 26 years.
+ Hepatitis A and B vaccines: Consult with your FHC provider.

Preventative Screenings
+ Colon Cancer Screening: At age 50 - 75 years, earlier based on family history.
+ Lung Cancer Screening: Once a year for ages 55 - 80 years for anyone who is a current smoker, or who has smoked in the last 15 years.
+ Osteoporosis Screening: Beginning at age 65; sooner based on risk or history of fracture or if taking certain medications.
+ Eye Exam: Yearly for all patients with diabetes and every 2 years for anyone over age 50 years.
+ Hepatitis C Screening: Everyone, one time, if you were born between 1945 - 1965.
+ HIV Screening: Screen at least one time in adults, more depending on your risk factors.
+ Diabetes Screening: Screen with blood test once a year if you are overweight.
+ Blood Pressure: Everyone, check at least once a year.
+ Breast Cancer Screening - Women only: Screening beginning at age 40 unless there are symptoms at an earlier age.
+ Cervical Cancer Screening - Women only: Every 3 years based on your risk, beginning at age 21 years.

caring for your health & wellness
Patient Payment Responsibilities

The Family Health Centers is committed to providing patients with quality and affordable health care. This section includes some basic information about billing policies of the Family Health Centers and what you can expect to pay.

Insurance
Family Health Centers accepts Medicare, Medicaid, and most private insurances. Please ask a front office receptionist if we accept your private insurance. We will file a claim with your insurance company for your visit. Some health insurance requires you to pay a co-pay. A co-pay is a fee paid up-front to your provider or pharmacy. FHC will collect your co-pay at the time of your visit or when you pick up your prescriptions.

Sliding Fee Scale
Family Health Centers provides services without regard for a person's ability to pay. A sliding fee scale is used to determine financial assistance "discounts" based on the family or individual's income and family size. Sliding fee discounts are based on the Federal poverty guidelines. Our sliding fee scale is available to anyone; if you have health insurance or if you do not have health insurance.

Your Pay Class (A, B, C, D, E, or F) determines how much you will be asked to pay on the day of your visit and how much you will be billed afterwards. You must show proof of all family income, to determine your Sliding Fee Pay Class.

Examples of Proof of Income

- Current pay stubs, the last 4 stubs (if paid weekly) or last 2 stubs (if paid bi-weekly) from the company where you work now.
- Completed income tax from last year.
- Letter from employer on company letterhead that gives your pay rate and the number of hours worked each week.
- Child support (copy of court order or copy of check).
- Letter for Social Security, SSI, Disability, Unemployment, etc.
- Letter that shows you receive other Public Assistance (food stamps, etc.).

If you have more than one source of income, you may have to bring several of these items. Patients who do not have proof of income or refuse to provide proof of income, will automatically be assigned as a Class F patient after a 30 day grace period.

What do I pay for services I receive?

I am a Pay Class A patient
What will I Pay?
Pay Class A patients pay a nominal fee up-front at each visit.
The nominal fee is $20.00 for a medical visit, and $30.00 for a dental visit.
What does the nominal fee cover?
The nominal fee covers your visit, labs, and x-rays.

I am a Pay Class B – F patient
What will I Pay?
Pay Class B – F patients pay a co-pay.

What does the nominal fee cover?
The Pay Class A nominal fee covers your visit, labs, and x-rays.

What does the minimum fee cover?
The minimum fee covers part of your total visit charge.

The minimum fee varies by Pay Class.

What does the minimum fee cover?
The minimum fee does not cover the total charge of your visit.

The nominal fee is used to determine financial assistance "discounts" based on the family or individual's income and family size. Sliding fee discounts are based on the Federal poverty guidelines. Our sliding fee scale is available to anyone; if you have health insurance or if you do not have health insurance.

Overcoming barriers

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Examples of Proof of Income

- Current pay stubs, the last 4 stubs (if paid weekly) or last 2 stubs (if paid bi-weekly) from the company where you work now.
- Completed income tax from last year.
- Letter from employer on company letterhead that gives your pay rate and the number of hours worked each week.
- Child support (copy of court order or copy of check).
- Letter for Social Security, SSI, Disability, Unemployment, etc.
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Patient Payment Responsibilities, continued.

You pay a part of the total charge, depending on your Pay Class. If your part of the total charge is more than the minimum fee you paid the day of your visit, you will be billed for the remaining amount.

If your part of the total charge is less than the minimum fee you paid the day of your visit, you may receive a refund. It may not be possible to determine the amount you will be charged in advance.

If Your Pay Class is:
CLASS A  You pay a nominal fee of $20 for a medical visit and $30 for a dental visit.
CLASS B  You pay 20% of the total charge.
CLASS C  You pay 40% of the total charge.
CLASS D  You pay 60% of the total charge.
CLASS E  You pay 80% of the total charge.
CLASS F  You pay 100% of the total charge.

Pharmacy prescriptions: Charges are based on Pay Class and prescriptions must be paid for in full at the time of pick up.

Billing Statements
If your part of the total charge is more than the minimum fee you paid the day of your visit, you will be billed for the remaining amount. If you have a balance on your account, you will get a statement every month. You must make a payment every time you get a bill. If you cannot send a payment, you must call the Billing Department at (502) 772-9064. The Billing Department can help you set up a payment plan if needed. If you miss a payment and do not contact our office, your account may be sent to a collection agency.

Billing questions or to set up a payment plan call (502) 772-9064.

Notice of Privacy Practices

We are committed to protecting your medical and personal information. We create a record of the care and services you receive at Family Health Centers. We need this record to provide you with quality care and to comply with certain legal requirements.

We are required by law to:
+ Make sure medical information that identifies you is kept private.
+ Give you this information about our legal duties and privacy practices for medical information.
+ Follow the most current Notice of Privacy Practices, which is posted at each clinic location.

You have the right to:
+ Request limits on how your protected health information is used and shared. We do not have to agree to your request.
+ Receive confidential communications of your protected health information.
+ Review and copy your protected health information.
+ Make changes to your protected health information. To request a change, your request must be in writing and you must provide a reason. We do not have to agree to your request.
+ Receive a report of how your protected health information has been shared.
+ Receive a paper or electronic copy of this information.

Consents and Authorizations
You will sign a Consent form each year to allow Family Health Centers to use and share your protected health information for the purpose of treatment, payment, and health care operations (see next page for more information). The patient must sign this consent unless the patient is a minor or has a court-appointed legal representative.

The Permission to Allow is a form you may sign to allow Family Health Centers to verbally share your protected health information with another person that you choose. This form does not allow that person to make medical decisions for you.
Notice of Privacy Practices, continued

The Proxy Form is signed by a parent to give another adult permission to bring in their child for an appointment. Any child under 18 years old must have a parent, legal guardian, or proxy with them for medical appointments, with some exceptions under KRS 214.185. If there is no Proxy Form on file, the provider does not have to see the child. Only the parent or legal guardian of the child may update the patient’s account. A parent or guardian must sign this form each year.

An Authorization is a form you may sign to allow Family Health Centers to share protected health information about you with someone such as the Disability Office, a private attorney, etc. Family Health Centers does not deny treatment if you do not sign an authorization.

Each year you will sign a Consent to allow us to use and share your protected health information for these important reasons:

For treatment
We use your protected health information to provide you with medical treatment and services. Your medical information is shared with doctors, nurses, and other Family Health Centers staff who are involved in your care. For example, your provider and the nursing staff will look at your medical record during your appointments at Family Health Centers. We may also contact you by phone or by mail to give appointment reminders, information about treatment alternatives, or other health-related benefits and services.

For payment
We use and share your protected health information so that the treatment and services you receive at Family Health Centers may be billed. For example, our Billing Department will use the information on the encounter form from your visit to bill you, your insurance company, Medicare, and/or Medicaid.

For health care operations
We use and share your protected health information between different departments to help the clinic run smoothly. For example, if you call to ask for a medicine, your medical record may be seen by your provider as well as by nursing staff and a medical records clerk. In addition, Family Health Centers participates with the Kentucky Health Information Exchange (KHIE). This allows us to share your medical and personal information with other providers who are participating in your care.

We are sometimes required to use or share your protected health information in other ways, even without your written consent or authorization. These are:

As required by law
We must share your protected health information when required to do so by federal, state, or local law.

To avoid a serious threat to health or safety
We must share your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of others. We will only share this information with someone who is able to help prevent the threat.

In health oversight activities
We are sometimes required to share your protected health information with oversight agencies. These agencies conduct audits, investigations, inspections, and licensure to monitor the health care system, government programs, and compliance with civil rights laws.

Otherwise, we will only use or share your health information with your written authorization. You have the right to cancel an authorization.

For complaints or questions about our Notice of Privacy Practices, you may contact the Privacy Officer at (502) 772-8510.
You Have the Right ...  

To considerate and respectful care.
+ If you have religious or cultural beliefs that may affect your care, please tell us so we can try our best to respect them.

To be involved in your care.
+ We should give you complete and up-to-date information about your diagnosis, treatment, and likely health outcomes. We should communicate with you in ways that you understand. If there is ever a time when we cannot share the information with you, we will communicate with a legally-authorized person or with someone you choose.
+ You should participate in decisions involving your health care, unless concerns for your health make that unwise. Your health care provider can give you information and help you to make informed decisions before any procedure or treatment.
+ You may refuse treatment (to the extent permitted by law). Your provider will explain the medical consequences of refusing recommended treatment.

To protection of your privacy.
+ You can expect that all communications and records about your health care will be treated as confidential.
+ You may ask for information about the relationship of Family Health Centers to other health care and educational institutions involved in your care.
+ You may decide who will go into an exam room with you and who can know about your health.
+ You may ask for help creating important papers to make sure your wishes are followed – Advanced Directives like Living Wills or Health Care Surrogates.

To get help with your billing claims.
+ You may ask for an explanation of your bill.

You Have the Responsibility...

To be considerate and cooperative with Family Health Centers staff and fellow patients.
+ Share opinions, concerns, or complaints in a constructive manner.

To be involved in your care.
+ Ask questions.
+ Make sure you understand your illness, your medicines, and your care plan.
+ Take notes or have someone come with you to appointments to help you remember everything.
+ Make sure you have all of the information you need before you agree to a procedure or a treatment.
+ Follow the advice of your health care team. Think carefully about the medical consequences of refusing treatment.

To schedule and keep appointments.
+ Always call for an appointment. See inside front cover for phone numbers.
+ Arrive at Family Health Centers on time for scheduled visits.
+ Call to notify Family Health Centers if you are going to be late.
+ If you know that you cannot make it to an appointment, please call us 24 hours before the appointment (or more) to cancel it.

To share honest and up-to-date information with us.
+ Information for your medical record needs to be complete and accurate.
+ Health care providers can help you more when you are honest with them.

Get Involved

If you have ideas about how we can provide better health care and health education, join our Healthy Ideas (HI!) Group. Call (502) 772-8588.

Patients are also represented on FHC’s Board of Governors. Let us know if you are interested in this kind of leadership role.
Making Your Own Health Care Choices

You have the right to be involved in your care at Family Health Centers, and in other health care settings like hospitals or nursing homes. One way to be involved is to think ahead about what kind of medical treatments you would want if you ever get too sick to make the decisions yourself.

Advance Directives

An Advance Directive is a document that explains what your health care wishes would be if you were unable to speak for yourself. For example, if you are taken to a hospital in a coma, your Advance Directive will speak for you. The hospital staff will know exactly what kind of treatment you want, even though you are unable to communicate.

Your Advance Directive only goes into effect if you become so sick that you cannot communicate your decisions about medical treatment. Before your Advance Directive will work, an attending physician must officially say that you can no longer make your own health decisions.

Advance directives come in two main forms:

+ A “health care surrogate” (or “health care proxy” or “health care agent” or “medical power-of-attorney”) documents the person you select to be your voice for your health care decisions if you cannot speak for yourself.

+ A “living will” documents what kinds of medical treatments you would or would not want if you were too sick to communicate for yourself.

Health Care Surrogates

An Advance Directive allows you to choose a Health Surrogate - a person who can make medical decisions for you if you are too sick to make them yourself.

A Health Care Surrogate:

+ Must be an adult you select.
+ May be a relative or friend.
+ May not be an employee, owner, director or officer of a health care facility in which you are a resident or patient, unless they are related to you by blood or marriage.
+ Should be someone who knows you and understands your wishes about medical treatments.
+ May use your living will to help decide what to do for you in unexpected situations.

Living Wills

A Living Will allows you to choose the kind of health care you want. This way, others do not have to guess what you want if you are too sick to speak.

A Living Will in Kentucky:

+ Is a legal document explaining your wishes about medical treatment if you are unable to communicate.
+ Is for adults age 18 or older.
+ May not apply to some pregnant women.
+ Must be notarized or witnessed by two people who are not blood relatives (witnesses may not be anyone who could inherit property or money at the time of your death).
+ Should be shared with a lawyer or a family member. Family Health Centers can place a copy of your Living Will in your medical record for you.

Creating an Advance Directive

Part 1 of the Kentucky Advance Directive is a form allowing you to grant medical power of attorney to a health care surrogate. Part 2 is a form allowing you to create a Living Will. You do not need a lawyer to make an Advance Directive. You can get a copy of the Kentucky Advance Directive form from a Family Health Centers receptionist.

If you create an Advance Directive:

+ Make sure that someone, your lawyer or a member of your family, knows where it is.
+ Ask your Family Health Centers provider to make your Advance Directive part of your medical record.
+ Family Health Centers will honor advanced directives within the limits of the law, when a copy is available to Family Health Centers.

For More Information

+ Kentucky Organ Donor Affiliates (800) 525-3456, http://kyorgandonor.org
+ National Healthcare Decisions Day www.nhdd.org/public-resources
+ Living Wills in Kentucky: https://ag.ky.gov/consumer-protection/livingwills

This information is provided in accordance with the Commonwealth of Kentucky’s “Living Will Act”. This is for your information only. This is not legal advice.
Frequently Asked Questions

Front Office/Registration
Can I mail or fax my Proof of Income, address, or insurance?
No. You must sign the statement verifying the income, family size, and insurance information provided is accurate and complete after updating your account. Only the patient, parent, guardian, or legal representative may sign this statement.

I am paid in cash. What documents do I need to provide to be eligible for the sliding fee scale Program?
You can bring in a signed statement, on official letterhead, from your employer stating how much you make hourly, weekly, etc.

Results
Will someone call me with my x-ray or lab results?
Patients are notified of abnormal results. Please make sure we have a good contact number for you. Patients may call triage to obtain x-ray or lab results, or view results on ELMER. Results usually are available within one week of the procedure.

Women’s Health
How do I get an appointment for a mammogram?
Talk to your Primary Care provider or Women’s Health provider about a referral for a mammogram. Your provider can do the paperwork for your mammogram, if it is the right time for a screening.

Pharmacy
How do I get a refill for my prescription?
+ Call your site’s pharmacy to request a refill. FHC-Portland (502) 772-8625; FHC-East Broadway (502) 290-2653; FHC-Phoenix (502) 569-1673.
+ If the prescription is filled at an outside pharmacy, call that pharmacy and they will fax a request to your provider.
+ If you are out of refills, contact your pharmacy, who will send a refill request to the provider. You may need have an appointment with the provider in order to get a refill. A refill request takes between 3 - 5 days to process.

If a provider outside of Family Health Centers prescribes a medicine for me, can I still get it filled at a FHC-Pharmacy?
Bring the prescription to your FHC site and ask to see a triage nurse. If your provider co-signs the prescription, you may be eligible for sliding fee scale prices, when filled through the FHC Pharmacy.

Pediatrics
What should I bring for my child’s first physical?
+ A copy of your child’s immunization records.
+ Name, address, and phone number of previous pediatricians, in order to request records.

Please note that a parent or guardian must be present for physicals.

My child is sick and I cannot bring them in. Can my mother bring them for this visit?
If the parent or guardian cannot make it, only an adult listed on the Proxy form can bring the child.

Can I schedule one appointment for all of my children?
We will try to see up to two children from the same family, but others may need to come back later the same day or on another day.

After Hours Care
What do I do if I am sick when Family Health Centers is closed?
If you need to contact a provider after hours, Sundays, or on holidays, call the site you usually go to. An answering service will have the provider-on-call return your call as soon as possible. Your health insurance card may include an after hours nurse line for your questions.

Interpretive Services
How do I request an interpreter?
When you call or come to a Family Health Centers site, you should let the staff person know what language you prefer to speak and ask for an interpreter. Even if you can schedule your appointment in English, you may still ask for an interpreter anytime during your visit. We provide interpreters at no cost to you.

Can a friend or family member interpret for me?
We encourage you to use the trained medical interpreter we provide. This will ensure the most accurate communication between you and our staff.
Working at Family Health Centers

Our employees are dedicated to a common goal, providing the highest quality care to our patients. FHC employs professionals across many medical and clerical disciplines at eight Louisville Metro Locations. Family Health Centers employees enjoy a flexible, family-friendly work environment, and a generous benefits package.

Career Opportunities

Family Health Centers was created by the Louisville Board of Health, and operates as a quasi-public agency. All staff positions are reviewed and tested through the Louisville Metro Civil Service. Medical, administrative, and other career opportunities at www.fhclouisville.org/careers or on the Louisville Metro website at https://louisville.gov/government/human-resources.

For questions about open positions or general questions about employment at Family Health Centers, please email jobs@fhclouisville.org.

Family Health Centers, Inc. is an equal opportunity employer and all terms and conditions of employment are provided without regard to race, color, religion, national origin, sex, sexual orientation, gender identity, age, physical or mental disability or veterans status.

Non-Discrimination Policy

The Family Health Centers honors Title VI of the Civil Rights Act of 1964 and all other laws relating to non-discrimination. It is Family Health Centers’ policy not to discriminate in offering access to its health care and related services on the basis of race, color, gender, national origin, age, religion, familial status, marital status, partnership status, creed, disability, sexual orientation, gender identity, or veteran’s status.

Under Title VI, programs or activities that receive money from the Federal government may not discriminate based on a person’s race, color, or national origin, disability, sex, age, or religion. This includes health care providers like Family Health Centers, hospitals, health departments, and any health care provider who accepts Medicaid and Medicare.

Some types of discrimination prohibited by Federal law include:
+ Providing services more limited in scope or lower in quality.
+ Limiting participation in a program.

Your Rights

You or your representative may file a complaint with Health and Human Services, Office for Civil Rights (OCR) if you believe you have been discriminated against by a health care and human services provider because of: race, color, national origin, age, sex, disability or religion:

Phone: 1-800-368-1019 (Voice); 1-800-537-7697 (TDD)
E-Mail: OCRComplaint@hhs.gov  Website: http://www.hhs.gov/ocr

You may also contact Family Health Centers’ Compliance Hotline at (502) 772-8484.
part of your neighborhood

PORTLAND
AMERICANA
WEST MARKET
PHOENIX

EAST BROADWAY
IROQUOIS
SOUTHWEST
FAIRDALE