Care Patients originating from Ryan White Provider for Dental Services at Greater Baden Medical Services

Procedure: To refer a Care patient to Greater Baden for Dental Care the following must occur:

A. The referral must be faxed to Greater Baden 301-324-2287 (using GBMS’s Oral Health Referral Form dated 01-14-14) for initial consult before first consultation appointment can be scheduled with subcontract dentist.
   a. 1st appointments should only consist of initial exam (D0150-Comprehensive oral evaluation)

B. Prior to an appointment being made at the in-house dentist, the following documents are required to be faxed to GBMS Intake Referral Clerk:

   1. Evidence of patient’s income (i.e.: pay stubs, W-2s, in-kind letter, etc.)
   2. Copy of the oral health referral form (GBMS form)
   3. Copy of signed dental consent from the patient (GBMS form)
   4. Patient’s most recent viral load and CD-4 laboratory tests, CBC w/differential, Hep B & C screening (must be within 30 days)
   5. Copy of signed Dental Grievance Rights and Responsibilities (GBMS form)
   6. Ensure a copy of signed Confidentiality form (GBMS form) is in the EMR

C. Any subsequent appointments (for additional required dental needs will be determined by dentist). Dentist will submit additional request for work, for pre-authorization directly to GBMS.

D. GBMS will notify original referring case manager when the work is completed to close the loop.  
(Please don’t forget to include your phone and fax number in case there are questions and for follow up).

Note: No other scenarios will be accepted without prior discussion with GBMS’s Case Management Compliance Manager (301) 324-1500 ext.1519 or 301-599-0460 ext. 3337.
ORAL HEALTH REFERRAL FORM

Today’s Date: ______/_____/______

Referred To: Greater Baden Medical Services, Inc. 301-324-1500 ext.1515

(Provider’s Name) (Phone Number)

Referring Agency Name: ____________________________________________________________

Case Manager: ________________________________________________________________

(Case Manager Name) (Phone Number) (Fax Number) (email)

Fax this form and attachments to: Greater Baden Medical Services, Inc (301) 324-2287

PATIENT INFORMATION:

Patient’s Name: ________________________________________________________________

(LAST) (MI) (FIRST)

Patient’s DOB: _____/_____/_____

Address: ________________________________________________________________

SS# _____/_____/_____

City, State, Zip code: ____________________________________________________________

Phone#: ( ) ______________________

Insurance: ________________________________________________________________

(Health/Prescription)

ANNUAL HOUSEHOLD INCOME: $ ________ # IN HOUSEHOLD: __________

I, the case manager have verified this patient’s Ryan White eligibility within the past 6 months: ____________________________ Date last assessed: _____/_____/

Proof of residency Y / N _____/_____/_____ (date last assessed) ____/____/

Proof of insurance Y / N _____/_____/_____ (date last assessed) ____/____/

Insurance Name: ____________________________________________________________

Insurance ID: ______________________________________________________________

Primary Care Physician’s Name: ________________________________________________

Address: ________________________________________________________________

City, State, Zip code: _________________________________________________________

Phone number: ____________________________________________________________

Fax number: ______________________________________________________________

For GBMS use only

Approved by: ___________________________ / Denied by: ___________________________

Date: _____/_____/______ Reason: __________________________________________________

Attach copies of supporting documentation, including most recent CD4 count □ Viral Load □ CBC w/ Differential □ Hep B & C Screening Results □ Grievance Rights & Responsibilities □ Dental Consent for Treatment □ Proof of income □ Current Medication List □ Proof of Residence □ (check the boxes of attachments included)

Notes: ________________________________________________________________

10-13-14
INFORMED CONSENT FOR CONTRACTED DENTAL SERVICES

I _______________________________ hereby voluntarily consent to receive
(Patient)
consultative, preventative, and diagnostic and therapeutic procedures such as: examinations, cleanings, topical fluorides, sealant, fillings, x-rays and local anesthesia at Greater Baden Medical Services, Inc.

I understand that I have the right to refuse any recommended treatment or procedure.

I understand that options for alternative treatment not available at Greater Baden Medical Services, Inc. will be discussed with me at the time of my appointment.

Signed: ____________________________ Date: ________________
Patient/Parent or Guardian

Signed: ____________________________ Date: ________________
Greater Baden Medical Services, Inc.
Dental Grievance and Rights and Responsibilities

Greater Baden Medical Services, Inc. believes each patient has the right to voice concerns. Each patient under our care is entitled to rights and responsibilities. We believe issues that violate these rights should be addressed in a timely and appropriate manner.

Preliminary Action
Before starting the grievance procedure, you are encouraged to try to resolve any concern or grievance directly with the staff concerned, mediated by the dental provider or the Compliance Director.

Process:
1. Please submit your concern in writing.
2. Please mail your concern to:
   7450 Albert Road 3-321
   Brandywine, MD 20613
   (Attention: Compliance Director)

3. The Compliance Director will read your concern or grievance and refer it to the person that can best respond to the issue.
4. If necessary, we may contact you for either clarification or to let you know how the issue is being addressed. If the patient with a grievance speaks a language other than English or is hearing impaired, GBMS will provide an interpreter, if necessary, to assist with a resolution.
5. The Performance Improvement team will also review all complaints on a monthly basis and findings will be shared with Greater Baden’s Board of Directors.
6. If the patient making the grievance is not satisfied with the Performance Improvement decision, the organization will forward within 5 business days all written documents regarding the unresolved grievance to the Suburban Maryland Administrative Agency (SMAA), pending your giving permission to this Administrative Agency the right to review the grievance.
7. Patients can access the DC EMA funded NAPWA Consumer Advocacy Project:
   8401 Colesville Road, Suite 750
   Silver Spring, MD 20910
   Toll-free: 1-866-846-9366 / Fax: 240-247-0574
   E-mail: advocate@napwa.org
   Website: www.napwa.org

By signing this document, I agree that I have been given a copy of the grievance procedure as well as a document informing me of my rights and responsibilities.
I understand these documents must be reviewed with me annually.

Patient: ___________________________ Date: ___________________________
Agency Representative: ___________________________ Date: ___________________________

Updated 10/13/2014
Patient Rights and Responsibilities

As a patient of Greater Baden Medical Services, Inc. you have the following rights:

1. A personal provider will see you on an on-going basis.
2. Competent, considerate and respectful care.
3. A second medical opinion from the provider/dentist of your choice, at your expense.
4. A complete and easily understood explanation of your condition, treatment and chances for recovery.
5. The appropriate assessment and management of pain.
6. The personal inspection of your own medical/dental records in the presence of your medical provider.
7. Complete confidentiality of all communications and records pertaining to your medical/dental care.
8. Information about the medical/dental consequences of exercising your rights to refuse treatment.
9. The information necessary to give informed consent before beginning any treatment or procedure, except in emergencies.
10. An explanation of your medical bills regardless of the source of payment and an opportunity to personally examine your bill.
11. An explanation that Greater Baden Medical Services, Inc. will make every reasonable effort to overcome any cultural, language barriers that may exist between you and the staff.
12. You can file a grievance should a dispute arise regarding care and/or treatment.

As a patient of Greater Baden Medical Services, Inc. you have the following responsibilities:

1. Know your health care provider’s name and title. A provider can be a doctor, dentist, certified registered nurse practitioner, social worker, nurse psychologist, physician’s assistant, nutritionist, physical therapist, etc.
2. Give your provider correct and complete health information e.g. allergies, dental history, past and present illnesses, hospitalizations and medications.
3. Provide GBMS with your correct name, address, phone number and emergency contact, so we can reach you in the event of a schedule change or to give medical instructions. When application, give accurate insurance information and current insurance cards, including secondary insurance. Update all information each time you see your provider.
4. Sign a “release of information” form when asked so your doctor/dentist can get medical records from other providers.
5. Tell your provider about all prescriptions or “over the counter” medications you take. Bring your medicine bottles with you to your appointment.
6. Tell your provider about any change in your condition, reaction to medications or treatment.
7. Ask your provider questions when you do not understand your illness, treatment or medication instructions.
8. Follow your provider’s advice. If you refuse treatment or refuse to follow instructions from your health care provider(s), you are responsible for the medical consequences.
9. Work with your provider in the appropriate assessment of pain. Follow the recommended management plan.
10. Pay your bills at the time of service or make sure your insurance or payment plan pays in a timely manner.
11. Follow the medical centers rules about patient and behavior – for example: No smoking in the health center.
12. Respect the rights and properties of other persons and the medical center.
13. Keep your appointments! If you cancel, do so at least 24 hours ahead of time to allow someone else to see the provider.

*THANK YOU FOR CHOOSING GREATER BADEN MEDICAL SERVICES*
Acknowledgement of Receipt of Notice of Privacy Practice

I ___________________________ have received the Notice of Privacy Practices from Greater Baden Medical Services, Inc.

X ___________________________ Date: __________________

In Lieu of patient signature, I ___________________________ a staff member of Greater Baden Medical Services, Inc., state that ___________________________ has been given our current Notice of Privacy Practices.

X ___________________________ Date: __________________

Reconocimiento de Recibo del Comunicado Acerca de la Privacidad

Yo ___________________________ recibí el Comunicado Acerca de la Privacidad de Greater Baden Medical Services, Inc.

X ___________________________ Fecha __________________

En lugar de la firma de el paciente, yo ___________________________ miembro del personal de Greater Baden Medical Services, Inc., declaro que a ___________________________ se le ha brindado el actual Comunicado Acerca de la Privacidad.

X ___________________________ Fecha __________________
Your rights (continued)

- If you feel the information is incorrect or incomplete you can change it.
- You can get a list of whom your health information has been sent to.
- You can limit who we give the information to about your treatment, payments or health care.
  - But we are not required to agree with your request; if we cannot make sure we can do this or it can negatively impact on the care we give you.
- You can tell us how we can communicate with you, how we can do it and where we can do it.
- You can get a copy of this notice any time.
- We can change this notice any time.
- You can get an update every time you come in.
- You can file a complaint if you feel your right to privacy has been violated.
- You can take away your permission which you gave us to share your information.
- But we cannot take back any information we have already sent out with your permission.

Greater Baden at Brandywine
7450 Albert Rd 2nd Floor
Brandywine, MD 20613
Telephone (301) 888-2233
Fax (301) 599-0463

Greater Baden at La Plata
6 Garrett Ave
La Plata, MD 20646
Telephone (301) 539-5100
Fax (301) 539-5105

Greater Baden at Leonardtown
23140 Moakley Street, Suite 4
Leonardtown, MD 20650
Telephone (301) 997-1029
Fax (301) 997-1489

Greater Baden at Capitol Heights I
1458 Addison Road South
Capitol Heights, MD 20743
Telephone (301) 324-1500
Fax (301) 324-6405

Greater Baden at Capitol Heights II
1442 Addison Rd South
Capitol Heights, MD 20743
Telephone (301) 324-1500
Fax (240) 492-2526

Greater Baden at Oxon Hill
-Pediatric Patients Only-
6188 Oxon Hill Road, Suite 801
Oxon Hill, MD 20745-3150
Telephone (301) 686-1665
Fax (301) 686-1190
Greater Baden Medical Services, Inc.
HIPAA Notice of Privacy Practices

Effective Date: April 1, 2003

The following notice is to let you know how information about your health can be:

- Used
- Given out
- or how you can get it

We try hard to make sure that information about your health is protected and private.

We keep this information in records that help us give you good care.

We use your health information to give you health care treatment and services.

We can give this information to people taking care of you like:
- doctors
- nurses
- technicians
- health students

These people may work in our office or at another office where we may refer you for treatment.

We may share your health information so your medical bills can be collected from you, your insurance company or someone else.

We may use this information to improve the services we offer to you and others:

The laws of the United States, the State or your local area, sometimes tells us how to use this information...For example:

- We can use it to prevent a serious threat to you in health or safety or the health and safety of others but we can give it only to the person who can help prevent the threat.
- We can give it as required by the military or the Department of Veterans Affairs if you are a member of the armed services or are separated or discharged from the military.
- We might need to give it to Workers' Compensation
- We might need to give it for public health agencies to:
  - prevent disease
  - control disease, injury, disability
  - report birth or death
  - report child abuse or neglect
  - report reactions to medications
  - report problems with products
- We might need to notify people about recalls of product or medicines
- We might give it to agencies that watch over us to give you good care.
- To answer to a court order
- To answer to a law enforcement official
- To report certain injuries that the law requires us to report.
- To locate a suspected fugitive or missing person
- To tell about a victim of a crime.
- To tell about a death that may be a result of criminal action.
- To tell about criminal conduct at our center.
- To report a crime in an emergency
- To give information to the coroner or health examiner
- We might give it to federal officials for intelligence, counter intelligence or for national security.
- We might give it to people who protect the President, other authorized persons or heads of states from other countries.
- We might give it if you are an inmate of a correctional institution for them to:
  - Give you good health care
  - Protect your health and safety
  - Protect others health and safety
  - Protect safety or security of the institution

These are your rights about your health information:

- You can inspect and copy information from your health record and bills. But this does not include psychotherapy notes.
- You can be denied your request but there is a process that your request can be reconsidered.
Sus Derechos (continuación)

- Si usted piensa que la información está incorrecta o incompleta usted le puede cambiar.
- Usted puede obtener una lista de a quien se le ha enviado su información.
- Usted puede limitar a quien se le envía información sobre su tratamiento, pagos o cuidados de salud; pero no estamos en la obligación de acceder a su pedido si pensamos que no estamos seguros que podemos hacer esto o si pensamos que puede impactar negativamente en el cuidado que le damos.
- Usted puede indicarnos como podemos comunicarnos con usted y donde lo podemos hacer.
- Usted puede obtener una copia de este comunicado en cualquier momento.
- Nosotros podemos cambiar este comunicado en cualquier momento.
- Usted puede obtener una copia de el comunicado cuando llega a la clínica. Fíjese en la fecha en la primera página en la esquina superior derecha.
- Usted puede someter una queja si usted piensa que su derecho a la privacidad a sido violado.
- Usted puede retirar el permiso que nos dio para compartir su información, pero no podemos regresar su información que ya hemos enviado con su permiso.

Greater Baden Medical Services, Inc.
Administrative Offices
7450 Albert Road, 3rd Floor
Brandywine, MD 20613
(301) 599-0460  fax (301) 599-0463

Greater Baden Medical Services at Beltsville/BAPS
4320 Ammendale Road
Beltsville, MD 20705
(240) 542-4084  fax (240) 542-4345

Greater Baden Medical Services at Brandywine
7450 Albert Road
Brandywine, MD 20613
(301) 888-2233  fax (301) 888-9133

Greater Baden Medical Services at La Plata
6 Garrett Avenue, 1st Floor
La Plata, MD 20646
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6188 Oxon Hill Road, Suite 801
Oxon Hill, MD 20745
(301) 686-1665  fax (301) 686-1190

TTV/Voice, Maryland Relay Service
1-800-735-2258

Updated July 2014
Greater Baden
Medical Services, Inc.

HIPAA Notice of Privacy Practices
Comunicado Acerca de la Privacidad

Efectivo el Primero de Abril del 2004.

El siguiente comunicado es para dejarle saber como la información sobre su salud:
- se puede usar
- se puede despachar
- ó como usted la puede obtener

Nosotros tratamos fuertemente de proteger la información acerca de su salud y mantenerla privada.

Mantenemos esta información en expedientes para asistimos en darle buenos servicios.

Usamos su información de salud para darle buen tratamiento y servicios de salud.

Nosotros podemos dar esta información a las personas que asisten en su cuidado como:
- los doctores
- las enfermeras
- los técnicos
- los estudiantes de salud

Podemos usar esta información para mejorar los servicios que se le ofrecen a usted o a otros.

Las leyes de los Estados Unidos, las del Estado y las del área local a veces nos dictan como podemos usar esta información. Por ejemplo:
- La podemos usar para prevenir un riesgo serio a su salud o seguridad o a la de los demás. Pero solo se le puede dar a la personas que nos puedan ayudar a prevenir ese riesgo.
- La podemos dar según lo requiera el Ejército o la Administración de Veteranos si usted es miembro de las Fuerzas Armadas o es separado del Ejército.
- La podemos dar para los que bregan con Compensación al Trabajador.
- La podemos dar para las actividades de servicios de salud para:
  - Prevenir enfermedades
  - Controlar las enfermedades, las heridas o impedimentos
  - Reportar vida o muerte
  - Reportar abuso o negligencia de menores
  - Reportar reacciones a medicamentos
  - Reportar problemas con productos

- Puede ser que necesitemos notificar a personas de algún reclamo de productos o medicinas que se estén usando.
- Puede ser que le tengamos que dar la información a las agencias que nos velen para que le ofrezcamos a usted un buen cuidado.

- Para contestarle a una petición de corte.
- Para contestarle a algún oficial de la policía.
- Para reportar ciertas heridas que por ley estamos obligados.
- Para localizar a algún fugitivo o persona desaparecida.
- Para informar de alguna víctima de un crimen.
- Para informar de alguna muerte que fue resultado de un acto criminal.
- Para reportar conducta criminal en nuestro centro.
- Para reportar un crimen en caso de emergencia
- Para dar información al fiscal.
- Se la podemos dar a los oficiales federales para asuntos de inteligencia o contra inteligencia o seguridad nacional.
- La podemos dar a personas que protegen al Presidente ó otras personas autorizadas o dirigentes de estado de otros países.
- Se la podemos dar a usted si esta preso en una institución correccional para que:

  Se le ofrezca buen cuidado de salud
  Para proteger su salud y seguridad
  Para proteger la salud y seguridad de otros
  Para proteger la salud o seguridad de la institución

Usted tiene estos derechos en cuanto a su información de salud:
- Cuando usted puede inspeccionar o copiar su información de salud o sus cuentas. Pero no tiene acceso a su expediente de terapia de salud mental.
- Su petición podría ser negada pero hay un proceso para que su petición pueda ser reconsiderada.