



620 Dr. Calvin Jones Hwy, Suite 212 • Wake Forest, NC 27587
Phone: 919-761-5678 • Fax: 919-761-5680

Welcome to Heritage Urgent & Primary Care

We are pleased that you have chosen our office for your healthcare needs. Our providers and staff are devoted to making your visit here as pleasant as possible. This letter and all items included in this packet are designed to help you make a smooth transition to be a patient in our office and to understand how we deliver care based on the Medical Home model of care.

Hours of Operation

Monday - Thursday 8am - 7pm • Friday 8am - 6pm • Saturday & Sunday 9am - 3pm
(Must be checked in by 2:45pm on weekends)
Closed Holidays

We Are a Patient Centered Medical Home

As a Patient Centered Medical Home, we strive to provide our patients with comprehensive health care, which is focused on all aspects of your health and overall well-being. It is a team-based approach to health care. The team is made of health care providers, support staff, and most importantly—**YOU!**

This means that you will receive care that is carefully designed around evidence-based practice to assist you in reaching your best possible health status. It also means that we are committed to providing you with health education and self-management support to help you control any chronic conditions that you may have in between visits with your provider. At Heritage Urgent & Primary Care, you will be a partner in your healthcare and will be involved in every decision regarding your plan of care.

Along with your physician and other health care providers, you are the most important person in managing your health. To be an active participant in your care, you should:

- ✓ Talk with your primary care provider and team about any questions you have.
- ✓ Feel empowered to take care of your health and collaborate with your provider to make decisions about your treatment.
- ✓ See your provider at regularly scheduled intervals or as needed.
- ✓ Keep in touch with your team if further questions arise about your health.
- ✓ Take care of your health by following the plan recommended by your team.
- ✓ Tell your provider about any other health care professionals who care for you.
- ✓ Schedule a complete physical exam at least once a year.
- ✓ Always let us know how we're doing and how we can improve.

Selecting a Primary Care Provider

The selection of a primary care provider is very important for a Patient Centered Medical Home and is one of the keys to providing you with the most coordinated care possible. Your provider and the health care team that surrounds them will work hard to get to know you as a person and to coordinate all aspects of the care that you receive both at our office and through other health care providers. If you have not selected a primary care provider you will be asked to let us know which provider you would like to choose as your primary care provider.

Obtaining Advice by Telephone

In a Medical Home your primary care provider is the hub of your medical care. We strive to be available to serve you at all times. We encourage you to call us any time you need medical advice before utilizing our urgent care or emergency room, even after hours.

During times when the office is open, all calls to our office are answered based on urgency of the call, and all calls will be answered within 24-48 hours. Any non-urgent requests for information can also be left on our nurse line.

During hours that our office is closed, you can reach one of our providers through our after-hours on-call system by telephoning the regular office number and leaving a message. You will receive a call from a provider within 30 minutes.

Providing Medical Information

We are concerned for your overall health. Any care that you receive at other locations should be incorporated into your overall plan for health and well-being. To provide you with the best care possible it is important for us to understand all aspects of your care. Fully completing and updating Comprehensive Health Assessment forms yearly and sharing information about visits to other providers will allow us to coordinate your care across sites and specialties. Please let us know at each visit if you have had a visit to a hospital, emergency room, or specialty provider. If possible, please bring information about this care to your visit so that we can incorporate the information into your record and your treatment plan. Please also bring the results of any testing that is completed outside of our office, to include eye exams and foot exams if you have diabetes, so that we can include this information in your complete medical record. Please also let us know of any changes in your health status since your last visit to your primary care provider. By knowing as much as possible about all aspects of your health and care, we can provide you with the most holistic and patient centered care possible.

If you take medications, please bring a written list or your bottles so that we can accurately record your medications. Please include any over-the-counter or herbal medications or supplements that you take. When you need a medication refill, please call your pharmacy to request a prescription refill. The pharmacy will then contact our office and we will approve your refill within 2 business days of receiving the request from your pharmacy, if an office visit is not necessary. Prescriptions are sent electronically (with the exception of controlled substances) to the pharmacy of your choice.

If you must be seen in an emergency room, or if you are hospitalized for any reason, please call us immediately afterward to schedule a primary care follow-up visit so that we may update your plan of care with any new information about your health.

Transferring Records

Our practice functions most effectively as a medical home if we have a complete medical history for our patients and information about care obtained outside the practice. To transfer your records to our practice, please fill out the Release of Information (ROI) form (enclosed). Should you need additional forms, feel free to download the form on our website at www.heritageurgentcare.com.

Patient Portal

To provide quick and easy access to your health information, we offer Follow My Health, a patient portal. As a patient, you will receive a Clinical Summary containing information about your visit each time you leave our office. The Clinical Summary will provide you with a record of the care that you received at that visit. Depending on your healthcare needs, it may also contain a copy of the care plan that you have developed with your provider. The patient portal also offers easy access to your health information such as laboratory results, a list of your medications and information about your visits. If you ever have the need to see a provider outside of Heritage Urgent & Primary Care, you can print information from this portal to provide important information about your health care that the outside physician may not have access to otherwise.

Behavioral Health Services

We have partnered with certain behavioral health care providers in the community to ensure that care planning is coordinated for our patients receiving services. If you currently receive care from a behavioral health provider, please let us know so that we can connect to coordinate your care.

Thank you for choosing Heritage Urgent & Primary Care for your healthcare, we look forward to partnering with you to help you achieve your greatest health status possible.

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Social Security # _____

I request and authorize _____ to release healthcare information of the patient named above to:

Name: Heritage Urgent & Primary Care

Address: 620 Dr. Calvin Jones Highway, Suite 212

City: Wake Forest State: NC Zip Code: 27587

Phone 919-761-5678 Fax 919-761-5680

This request and authorization applies to all:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Purpose or Need for the Disclosure Is:

Continued Medical Care Insurance Legal Patient's Own Use Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Fees: I understand and agree that there may be costs associated with this request in compliance with State copying laws.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.