Dear New Patient,

Welcome to Grace Cottage Family Health (GCFH). Thank you for entrusting us with your care. Enclosed to the left, please find five forms that need to **be returned to us PRIOR to your first appointment** to ensure that we can fully serve your medical needs. An addressed stamped envelope is enclosed for your convenience. A summary of the forms are as follows:

1. Release of Medical Records Form: Please fill out this form with your present/former provider’s information so we may have access to your previous medical records. This form must be signed and dated. Please return the signed form to the Practice Office Director and we will directly request your records from your current health care provider (prepaid envelope included).
2. New Patient Information Form: Please fill out all pertinent information about yourself. We ask for your race and ethnicity because some people of different backgrounds have a greater risk of developing certain diseases such as high blood pressure, diabetes and heart disease. It is also important for us to know your preferred spoken language so that we may communicate clearly with you. This information will be recorded in your medical record. Thank you for providing us with this information as it will assist us in providing you with the best possible service for your healthcare.
3. Medical History Form: Please fill out as much information as possible to aid our health care team in getting to know you, your medical history (pages 1 and 2), and family history (page 3).
4. Consent and Acknowledgement Form: This is an explanation of use and disclosure of protected health information for treatment, payment, and healthcare operations. Notice of Privacy Practices is also enclosed.
5. Cancellation/No Show/Late Form: If you must cancel a scheduled appointment, please call 24 hours in advance so that other patients may use your vacated appointment.

Once we receive these forms, a scheduler will contact you to set up your first appointment, should you not yet have one scheduled. More information about Grace Cottage Family Health and its services is available on the enclosed cards (located in this folder), as well as on our website ([www.gracecottage.org](http://www.gracecottage.org)).

We look forward to getting to know you and serving your health care needs for many years to come. If you have any questions, please call our Scheduling Center at (802) 365-4331.

Sincerely,



Elaine Swift

Practice Office Director

Grace Cottage Family Health

**LOCATION AND HOURS**:

* We are located at 185 Grafton Road, Townshend, VT 05353
* Our business hours are 7:00 a.m. to 5:00 p.m.

**CLINICAL ADVICE:**

During office hours, clinical advice may be obtained by calling GCFH (802-365-4331). If medical care and/or clinical advice is needed after hours, please call Grace Cottage Hospital (802-365-7357). **Non-urgent** clinical advice during or after hours may be requested via the Patient Portal (see below). In the case of an emergency, please go directly to the nearest emergency room.

**PATIENT PORTAL:** The Patient Portal offers many benefits in coordinating your care at GCFH. We highly recommend utilizing the Patient Portal for **non-emergent clinical advice and/or information**. More information will be given at the time of your first appointment. Once you sign up for the Portal, you may:

* Communicate with your provider in a secure fashion
* Request medication refills
* Request/cancel/reschedule an appointment
* Have access to most lab results and radiology reports (available after a standard allotted time)
* Check immunization status
* See when your next appointment is scheduled.

**FINANCIALS**:

* Insurance: If you have medical insurance, please bring ALL of your current insurance identification cards with you to the appointment. Please check to make sure that the cards are not expired. You will also need to bring a valid photo identification card.
* Co-Pays: It is necessary for you to bring any co-payments, according to your insurance benefits, to your office visit and it will be collected on that day.
* Self-pay patients: Payment in full at the time of service is required. If you do not currently have insurance, we can refer you to our Resource Advocate (see forms in packet).
* Payments: We accept cash, checks, money orders, traveler’s checks, debit cards and most major credit cards. Some services may require payment at time of service.
* GCFH provides equal access to all patients regardless of source of payment, race, creed, ethnicity, national origin, marital status, gender, or sexual orientation.

**SCOPE OF PRACTICE:**

The scope of services within GCFH include Family Practice, Pediatric, and Behavioral Health. Please see the provider placard included in the folder for more details. GCFH will coordinate referrals to other clinicians as necessary, such as, but not limited to, specialists, rehab centers, and other facilities, including behavioral health providers and/or facilities.

**OUR PROMISE:**

It is our promise to offer evidence-based care and to augment your care with education and self-management support including educational resources and current literature. Helping you to meet your Behavioral Health needs, personal health goals and obtaining necessary resources is our commitment. The Community Health Team can assist with a multitude of services including but not limited to obtaining insurance, health coaching, diabetes education and smoking cessation. This is a free service. Please see CHT Brochure included in the folder for more details.

**WELCOME TO GRACE COTTAGE FAMILY HEALTH!**