

# EMPOWER COMMUNITY HEALTH CENTER



Empower U Community Health Center's

## PATIENT HANDBOOK

*"Your Affordable Community Health Care Center"*

[www.euchc.org](http://www.euchc.org)

# *Welcome!*

Welcome to Empower U Community Health Center!

Dear Valued Patient,

Welcome to Empower U Community Health Center, where your health and well-being are our highest priority. We are honored that you have chosen us as your healthcare provider. As a Federally Qualified Health Center, our mission is to ensure that every individual in our community has access to high quality, compassionate, and affordable care. Regardless of income, insurance status, or background.

Our dedicated team of healthcare professionals is here to support you with a wide range of services, including primary care, dental care, behavioral health, preventive screenings, and more. We are committed to walking alongside you on your journey to better health.

This handbook is designed to help you understand our services, policies, and the many resources available to you. We encourage you to ask questions, share your concerns, and actively participate in your care. Your voice matters, and we are here to listen and respond with empathy and excellence.

Thank you for being part of the Empower “U” Inc. family. We look forward to partnering with you to build a healthier, stronger community together.

Warm regards,

Diane Williams  
Chief Executive Officer  
Empower U Community Center

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# Organizational Background



**Empower “U:” Community Health Center (EUCHC)** is a thriving Federally Qualified health center (FQHC) located in the heart of Liberty City, proudly serving both insured and uninsured individuals and families. We provide comprehensive primary care, dental care, behavioral health, chronic disease management, and preventive care delivered with compassion, cultural sensitivity, and clinical excellence. Our team of dedicated providers, public health professionals, and executive leaders work together to ensure that every patient receives high-quality, affordable care regardless of their ability to pay.

Since becoming an FQHC in 2013, Empower U Community Health Center has continued to expand its services and deepen its impact, breaking down barriers to care and advancing health equity for communities that have long been underserved.

Empower U Community Health Center’s powerful journey began in 1999, when two courageous women living with HIV in Liberty City recognized the Urgent need for health organizational that understood and reflected the community it served. Refusing to be defined by their diagnosis, they founded a peer-based, minority-led nonprofit committed to advocacy, outreach, and community competent care. What started as a grassroots HIV education initiative has grown into a trusted community institution providing holistic. Person-centered care to thousands.

## MISSION

The mission of Empower “U” Community Health Center (EUCHC) is to empower, educate, and promote better health care choices for individuals and families at risk for and/or affected by health disparities.

## VISION

When Empower “U” Community Health Center (EUCHC) accomplishes its mission, all people in the community will have equitable access to care thus living longer, healthier lives, and health disparities will be eliminated.

# Achieving Your Healthcare Goals

## Clinic

Monday  
8:00 AM - 5:00 PM

Tuesday  
8:00 AM - 7:00 PM

Wednesday  
8:00 AM - 7:00 PM

Thursday  
8:00 AM - 5:00 PM

Friday  
8:00 AM - 5:00 PM

Saturday  
Closed

Sunday  
Closed



## Dental

Monday  
8:00 AM - 5:00 PM

Tuesday  
8:00 AM - 7:00 PM

Wednesday  
8:00 AM - 2:00 PM

Thursday  
8:00 AM - 5:00 PM

Friday  
8:00 AM - 5:00 PM

Saturday  
Closed

Sunday  
Closed



# Achieving Your Healthcare Goals

It can be especially difficult to determine how to get started and what changes you need to make first when thinking about how to improve your health.

**EUCHC** believes in partnering with our patients to empower them to reach their health care goals. We ask that you take an active role in your health care because the decisions you make in your daily life will affect your overall health. EUCHC medical providers and support staff will partner with you to provide guidance, advice and support.

## **Let's get started! Here are just a few tips for a healthier life:**

- Eat a nutritious diet.
- Get plenty of rest and sleep.
- Exercise.
- Drink plenty of water.
- Take your multivitamins.
- Develop good coping skills to manage stress.
- Don't use harmful substances (drugs, tobacco and alcohol).
- Take your medications as prescribed.
- Don't run out of your medications.
- Learn about additional resources that might help you.
- Keep all of your medical appointments.
- Live life with a purpose.



# Minor Urgent Medical Care

**EUCHC** provides minor urgent medical care for our patients. Minor urgent medical care is for those conditions that are not considered an emergency or life threatening but still require care within 24 hours. examples of minor urgent medical care include:

- Accidents and falls.
- Sprains.
- Moderate back problems.
- Breathing Difficulties (mild to moderate asthma).
- Bleeding/Cuts (not bleeding a lot but requiring stitches).
- Laboratory tests.
- Eye irritation and redness.
- Fever or flu.
- Vomiting, diarrhea or dehydration.
- Severe sore throat or Cough.
- Skin rashes and irritation.
- Urinary tract infections
- STD treatment.



If you are a patient in need of minor urgent medical care call us at **(786) 318-2337**. If you get our voice mail leave a message and we will return your call promptly. We have same day walk-in appointments available for minor urgent medical care. Once you are seen by the doctor you may be sent to the hospital or given a referral for follow-up care and treatment.

We are available after hours through our answering service. please let the answering service know that you have a minor urgent medical care need. the on-call provider will call you back within the hour. If your minor urgent medical care need cannot wait call **911**. If you have an emergency and need to go directly to the emergency room let the hospital staff know that you are a patient of EUCHC.



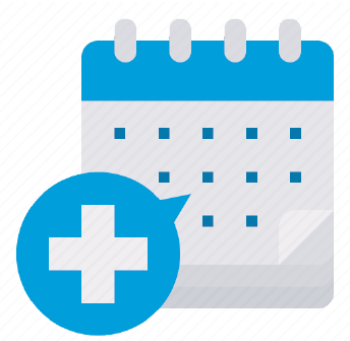
# Medical Appointments

No one wants to spend their time sitting in the waiting room. We are very mindful of just how busy life is for you and for us. We hope to demonstrate that we respect your time and appreciate that you have chosen EUCHC as your medical home. It is our policy to ensure access to care in a timely, culturally sensitive, non-discriminatory manner and to minimize disruptions in the delivery of your care.

- Walk-in service is available for individuals who are unable to call ahead to make an appointment. Walk-in patients will be seen around scheduled and minor urgent medical care appointments.
- If you are unable to keep your appointment, please give us 24-hours notice. If you are a new patient, please give us three days notice. We will offer that time to someone else who needs to be seen.
- If you can't remember your next appointment date or time call us at **(786) 318-2337** or log into **[www.euchc.org](http://www.euchc.org)** and look for MyChart.
- If you miss three consecutive appointments without notice we will ask you to be seen as a walk-in for your next appointment.
- If you are running late for your appointment, please call us at **(786) 318-2337** to let us know. If you are running late for your appointment and unable to call, we will make every effort to accommodate you when you arrive.
- If you arrive beyond a reasonable time for your appointment, and we are unable to fit you in the schedule your appointment will be re-scheduled.



# Appointment Expectations



**EUCHC** is committed to providing quality health care to all of our patients. It is our policy to provide prompt medical care to all patients with respect and dignity. Your initial medical appointment will last an hour. Follow-up appointments usually last 30 minutes or less. Patients should do the following before each appointment:

- Arrive 30 minutes before your appointment to register, sign consents, and complete other paperwork. Our front office staff will help you fill out paperwork if needed.
- Bring your insurance card, a photo id (license, state-issued id, or passport) and proof of income.
- You may apply for discounted fees to help with costs.
- Bring any referrals and documents from your last doctor.
- Bring a credit card or cash to pay for your payments.
- Write down any questions or concerns you would like to talk about with the doctor.

## **Patients should expect the following during their visit:**

- After arrival and registration, you will be checked in by front office billing where co-pays, deductibles and discounted fees will be collected before you go in to see the doctor so please bring cash or a credit card to pay.
- The Medical Assistant will take your vital signs (temperature, height, weight, blood pressure, pulse and BMI).
- You will see the doctor of your choice.
- Your doctor will review your medical history and will address any concerns. You will be given a head-to-toe examination.
- All new patients visit include basic blood work. The doctor may order extra blood work if needed.
- You will see the lab technician to have the blood work done.
- After each visit you will be given a receipt for services rendered and schedule your next appointment date and time.



## Our Services



EUCHC is a comprehensive health care center that addresses the complete healthcare needs of our community's adult, adolescent, pediatric and specialty needs populations.



### Our services include:

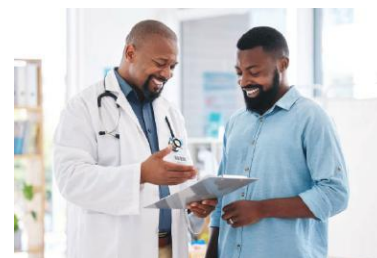
- Screenings (HIV, Hepatitis C, STD's, Blood Sugar, Etc.)
- Immunizations (Adult and Florida Vaccines for Children)
- Voluntary Family Planning
- Pediatric Care and Child Wellness
- Obstetrical Care
- Prenatal Care
- Gynecology
- Dental Care
- Diagnostic X-Rays (EKG and Ultrasound)
- Case Management
- Nutritionist
- Mental Health and Substance Abuse Counseling
- Outreach and Health Insurance Enrollment Assistance
- Special Housing Assistance
- DOT Examination
- PrEP Support
- Emergency Assistance
- Health Education
- Covid-19 vaccines ages 6 months & older

# Primary Medical Care Services



## Adult Medical Care Services

Adult Medical Care services include physical examinations and screenings for blood pressure, cholesterol, diabetes, asthma, cancer, HIV/AIDS, Hepatitis C, STD's, COPD and coronary health disease. Annual and routine immunizations and vaccines are also provided.



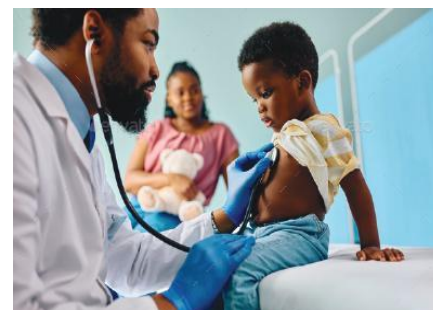
## Dental Services

Empower “U” Inc. Oral Health Services include dental exams and radiographs, preventive services (Cleaning), restorative (fillings)-Composite (white) and amalgam (silver), night guards and bleaching. Crown bridges, removable prosthetics (partials and dentures), minor oral surgery or selected root canal therapy. Most services are provided on a sliding-fee scale that reduces the fees for those with lower incomes of the ability for you to pay.



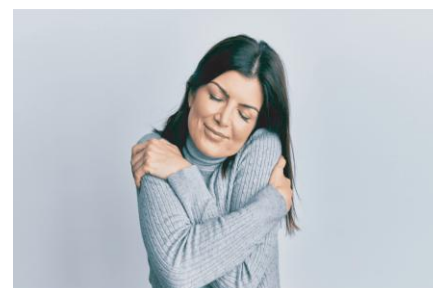
## Pediatric and Adolescent Care Services

Pediatric and Adolescent Care services include hearing, vision, dental, blood lead screenings and immunizations. Adolescent care also include HPV immunizations. Eligible children get free vaccines through the Florida vaccine for Children program. Our licensed clinical social workers provide behavioral health services for children and adolescent as well.



## Mental Health and Group Substance Abuse Services

Mental Health and Group Substance Abuse Services are provided to anyone who requests counseling by our Licensed Clinical Social Workers. We provide individual counseling and group counseling sessions. Referrals are available for psychiatric treatment and residential substance abuse placement.





# STD Screening Services

**HIV and STD Screenings** are included in the patients' visits. the patient has the right to "OPT Out". to "OPT Out" let the Nurse know if you do not want to have any of these tests.

## HIV Testing and Counseling Services



**HIV Testing and Counseling Services are provided on our mobile testing van and in the office.**

- No appointment needed. Walk-ins are welcome.
- Couples, partners and friends may test together.
- Test results are provided in 20 minutes and have 99% sensitivity to detecting HIV virus.
- Stop by or Call (786) 318-2337 for more information.

## Sexually Transmitted Infections (STI) Screening

STI screenings include syphilis, chlamydia and gonorrhea. there are treatment options available. Most STD's including HIV are reportable to the Florida Department of Health.

## HepC Screening

HepC screening and treatment options are available. In clinical studies, 96-99% of patients who had no prior treatment were cured with just 12 weeks of therapy.

# Other Services

## Medical Case Management Services

Medical Case Management Services include referrals for benefits like food stamps, medications, health insurance and a wide variety of support services to help patients meet their needs. Medical Case Managers play an essential role in helping patients adhere to their health care plan.

## Linkage to Care Services

Linkage to Care services help HIV positive patients get connected to medical care and support services.

Our linkage to Care Coordinators help patients to get identification, food stamps, schedule medical appointments and assist with transportation. Services also include access to substance abuse treatment and other services needed to stay connected to medical care and treatment.

## Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis

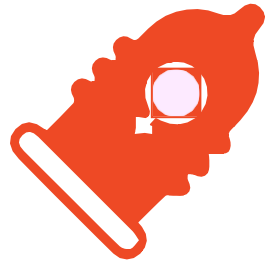
PrEP, along with condoms use, is a prevention option to reduce the risk of becoming infected with the HIV virus. the goal of prep is to prevent HIV infection if you are exposed to the virus through sexual contact. if you are at risk for getting HIV please speak to your doctor about prep.



# Other Services

## Condom Distribution

Condoms reduce the transmission of STI's like chlamydia, syphilis, gonorrhea and HIV. **EUCHC** is a Miami-Dade County Health department condom distribution center. Approved organizations and individuals can pick-up free condoms at our location. please sign up with the Miami-Dade County Health department to become an approved condom distributor.



## Early Intervention Services and Interventions

Early Intervention Services include outpatient group and individual counseling and group interventions for young same gender loving men. interventions focus on individuals at risk for substance use and HIV transmission.



## Emergency Financial Assistance

Emergency Financial Assistance is provided by funding from FDOH, Miami-Dade County, and Broadway Cares for Aids to help eligible needy patients with emergency financial assistance to pay utilities, rent, and food vouchers.



## MiamiTransportation Disadvantage Program

Daily, Weekly, and Monthly passes are available for patients who meet low-income eligibility requirements.

Florida AIDS Drug Assistance Program (ADAP)

ADAP helps eligible patients with HIV to get lifesaving medication and can help pay health insurance premiums and insurance co- payments.



# Other Services



## Sliding Fee Scale for Services

**EUCHC** is not a free clinic. Services are offered to patients regardless of their ability to pay. Discounted fees are based on family income and family size and the annual federal poverty level. To qualify your total family income for your family size must be at or below 200% of the federal poverty level. discounted fees are available to patient regardless of insurance status.

You may apply for discounted fees by completing and submitting the Sliding Scale Discount Application at the registration desk with the required proof of family income and family size at you first appointment and annually thereafter.

### The following documents are acceptable proof of income:

- Proof of income (one month of consecutive pay stubs or letter of salary, 1040 tax form, unemployment letter, social security award letter or a support letter, also called Verification of No Income' **(for those with no income) - this letter must be notarized)** Ask the registration desk for other accepted documents.
- Family size information (found on food stamp application, birth certificates, etc.)
- Willingness to complete the application.

## Billing Statements and Balances

**EUCHC** collects co-pays, deductibles and all fees before your visit. We will bill your insurance for covered services. However, we will bill you for all services that you are financially responsible for paying.

You will receive a bill for all services rendered and the cost of each service at the end of each visit. please call us at (786) 318-2337 if you have any questions about your bill.





# Other Services

## **Housing Opportunity for Persons with AIDS (HOPWA)**

HOPWA is a housing program that assists eligible individuals who have HIV/AIDS to secure and maintain housing stability.

Availability is contingent on funding and placement on the wait list. Waitlist placement is done by the City of Miami department of Community development HOPWA program. Navigators and Certified Application Counselors

## **Community Social Services**

EUCHC trained Navigators and Certified Application Counselors assist patients with health care exchange insurance enrollment, Access Florida food stamps assistance with utility bills and other benefit programs for low-income individuals.

We provide information about insurance plans on the government exchange, assist with enrollment in Medicaid, Access Florida food stamp program and other benefit programs for low-income individuals.

## **Silver Saver Prescription Drug Program**

Silver Saver prescription drug program is a statewide program for Floridian's age 65 and over who are enrolled in Medicare. the silver saver program can provide up to \$160 per/month in medication cost. Ask the front desk about other low-cost

# Eligibility Requirements

There are different eligibility requirements for health center programs. All protected Health information (PHI) documents are confidential. Patients must be present to receive service and all required documents (e.g. consents must be signed prior to receiving service).

## Specialty Programs

### Certification of a Specific Medical Diagnosis

The Ryan White, HOPWA, and PAC programs requires proof of medical diagnosis certified by a lab report (e.g., HIV + Western Blot) or detectable viral load or certified referrals prior to receiving service. the HOPWA and PAC programs require proof of an AIDS Diagnosis.



### Miami-Dade Residence and Household Income Limits

These specialty programs require proof of Miami-Dade County residency (government issued id, utility bill, lease or mortgage document) in the patient's or legal guardian's name. For most services, income limits cannot exceed 400% of the annual federal poverty level. While you qualify for and can access 3rd party payors (Medicaid, Medicare, public funding, private insurance) you will not be eligible for specialty funded programs unless the service is not covered by the 3rd party payer. Initial and ongoing assessments are required every 6 months at a minimum and must be current at the time you receive services.



# Patient's Rights

## You have the right to the best patient care



- To choose a primary care physician.
- To receive respectful treatment.
- To a humane and safe environment giving you reasonable protection from harm and appropriate privacy regarding your personal needs and safety
- To know what rules and regulations apply to your behavior and to know your rights.
- To refuse or OPT out of any treatment unless the law states otherwise.
- To have fair and equal access to medical treatment and provisions made for needed accommodations, regardless of your race, national origin, religion, handicap, or source of payment.
- To know if your medical treatment is for any experimental research and the right to agree or refuse to participate.
- To be given all information about your diagnosis, planned course of treatment, any alternatives, any risks and the likely outcome.
- To request and receive any information on the availability of known financial resources for your care.
- To request and receive, prior to treatment, a reasonable estimate of charges for medical care.
- To request and receive a copy of your bill and to have the charges explained.
- To be treated for any emergency medical condition that will become worse from failure to provide treatment.
- To know what patient support services are available.
- To be provided care, treatment, or services in the language you feel most comfortable.
- To be referred to appropriate services and agencies when your needs are beyond what can be provided at EUHC.
- The option to pursue a complaint through the written grievance procedure provided at intake.

# Patient's Responsibilities

- To follow the rules and regulations set by EUCHC that affect patient care and conduct.
- To maintain the confidentiality of other patients.
- To treat all EUCHC staff, volunteers, and patients respectfully; you will not be verbally or physically abusive.
- To keep your medical appointments and if you are unable to keep your appointment to notify EUCHC.
- To provide EUCHC staff with an update of any changes in your status (physical, financial, emotional).
- To follow the treatment plan recommended by EUCHC.
- To follow the treatment plan that you have developed with your physician, therapist and/or case manager.
- To give EUCHC accurate and complete information about your medical conditions, past illnesses, hospitalizations, medications and other matters relating to your health.
- To attend your primary care, specialty services, and referral appointments.
- To be responsible for getting prior approval from your doctor to see another doctor or specialist as required by Medicaid, Medipass or other insurance, if it is required for the service.
- To make sure that any and all bills relating to your health care are paid on time.



The Patient's Bill of Rights and Responsibilities is created to promote the interests and well-being of patients and to promote better communication between the patient and the health care provider. Florida law requires that we recognize your rights while you are receiving medical care at our center, and that you respect our right to expect certain behaviors from you. See Section 381.026, Florida Statutes for more information.

# Notice of Privacy Practices



## Uses and Safeguards of your Health Information

- We may use your health information to pay for your health services.
- We may also use your health information to tell you about treatment related benefits, and services.
- We may use your health information to process or to pay a claim which may include information that identifies you and the type of care you received.
- We may share your information with a company that reviews hospital records to check on the quality of care you received.
- We may send appointment reminders to you or your child.

We may also use and disclose your health information as permitted by law, such as:

- To entities directly connected with the administration of the state Medicaid plan.
- In responding to public emergencies, access to your records may be granted to entities who are subject to standards of confidentiality such as AHCA, Ryan White, DCF, FEMA or CDC.
- Where disclosure would assist in determining eligibility for benefits, amount of medical assistance payment or otherwise assists us in the administration of programs offered at the agency.
- To report abuse, neglect and/or domestic violence as required by law to the confidential Florida abuse hot line.
- For health oversight activities and/or administration of state and federal program, such as inspections, investigations, and audits.
- To conduct research to benefit the Medicaid program.
- For purposes of treatment, payment, or our operations and as otherwise required by law.

# Notice of Privacy Practices



## Your rights with respect to your Protected Health Information (PHI):

- To see or obtain a copy of your PHI. However, you may not be able to get information that includes a) psychotherapy notes, b) part of a legal case, or c) any information that is excluded from disclosure by law. You may be charged a copying fee.
- To request that we amend health information that you believe is incorrect or incomplete.
- To request a list of the disclosures we have made of your PHI health information.
- To request that we contact you at a different address or phone number about your health information if your present location would endanger you.
- To request that we limit the use and disclosure of your health information (We are not required to agree).
- To request a paper copy of this notice.
- To opt-out of fundraising communications from us.
- To receive a notification from us following a breach of your PHI.

## Contact Information and Requesting Your PHI

If you have any questions or wish to make a request regarding your health information you may contact our Privacy Officer at 786-318-2337 or contact the AHCA Medicaid office Area 11A at (305) 593-3000. submit all requests in writing.

To request a copy of your records, contact our Medical records department at (786) 318-2337. You may request that your medical records be sent to you, and/or transferred to another provider or a third party only after a signed release of information form is completed. Unless otherwise dictated by state law, charges are \$10 for the first 10 (or fewer) pages and \$0.25 per each additional page.





# Confidentiality

Confidentiality is very important to EUCHC. Information about you will not be released outside of this agency without your consent (except by law, court order or in an emergency). For your information to be released your written permission is required and you will be asked to sign a release form.

## **Your confidentiality is always being protected!**

- If someone asks for information about you, we cannot tell them anything without your written consent. This includes family members and friends.
- If there is someone you would like us to give information to or share information with, such as a significant other or family member, you need to sign a release giving us permission to do so.
- If a EUCHC staff person sees you outside our offices, they will not acknowledge you unless you do so first. This way you do not have to explain to anyone who we are. It leaves the choice up to you.
- The Health Information Portability and Privacy Act (HIPPA) and the Florida law provide extra protection for certain kinds of medical information, specifically, but not necessarily limited to HIV/AIDS health information.
- If at any time you believe that a EUCHC staff has not kept your information confidential, please tell your provider or a supervisor. We want to provide the best possible service, and your confidentiality is important to us.
- All patients sign a form during registration that they have received a copy of the patients' rights and responsibilities, grievance procedures, and the Notice of Privacy Practices.

# Protected Health Information (PHI)



Other uses or disclosures of your PHI require your or your personal representative's written authorization. For example, we will not use or disclose psychotherapy notes, disclose your health information for marketing purposes or sell your health information without your written authorization or as allowed by law. We are also prohibited by law from using or disclosing genetic information for insurance underwriting purposes. At any time, you may revoke your authorizations in writing. If you cannot give your authorization due to an emergency, we may release your health information, if it is in your best interest.

## **Reporting Abuse, Fraud, Neglect or Exploitation**

### **Medicaid Fraud**

Those who report fraud may be entitled to a reward if a criminal case results in a fine, penalty or forfeiture of property. Online or **1-866-966-7226**

### **Abuse, Neglect, or Exploitation**

Call the Florida Department of Children and families  
1-800-962-2873  
Local Office  
305-377-5029

### **Complaint**

To report a complaint regarding the services you receive, please call the Agency for Health Care Administration  
**1-888-419-3456**

### **HIPAA Complaint or Grievance**

If you believe your privacy rights have been violated or have a grievance, you may file a complaint with our Human Resources Manager using our grievance process. If your grievance is not resolved, you may contact AHCA or the department of Health and Human services (HRSA). 200 independence Avenue SW, Washington, DC 20201. 1-800-368-1019.



# Refusal of Services



## **EUCHC reserves the right to refuse services to patients for the following reasons:**

- Patients that are not eligible for services because they do not meet the program specific eligibility requirements.
- Patients that are violent, physically and/or verbally abusive.
- Patients that are stealing or disruptive.
- Patients that are displaying inappropriate behavior.
- Patients in possession of an illegal substance.
- Patients in possession of an illegal weapon.
- Patients exhibiting “drug seeking behavior.
- Patient that are deluded, believing they are seriously ill when there is no real illness.
- Patients that encourage the physician to commit fraud or engage in illegal activity.
- Patients that are refused services for the reasons noted above have the right to contest the decision. patients must follow the Health Center Grievance Procedures for issues directly related to care or program-specific services that have been refused, denied, or terminated.
- EUCHC refusal of patient services will be documented on our Refusal of Service Log.
- Patient that are deluded, believing they are seriously ill when there is no real illness.
- Patients that encourage the physician to commit fraud or engage in illegal activity.
- Patients that are refused services for the reasons noted above have the right to contest the decision. patients must follow the Health Center Grievance Procedures for issues directly related to care or program-specific services that have been refused, denied, or terminated.
- EUCHC refusal of patient services will be documented on our Refusal of Service Log.

# Health Center Grievance Process

This process applies to all staff, patients, volunteers, and visitors.

- You have the right to file a formal grievance if you have voiced a complaint that has not be addressed to your satisfaction by a EUCHC Administrator.
- You have the right to an explanation of how our grievance process works.
- You have the right not be retaliated against if you file a grievance.
- You may request a grievance form from the Human Resources Department, and you may ask for assistance with completing and submitting the grievance.
- You must make a detailed statement in writing and sign, date, and submit the form. the statement must include all details of the complaint (time, date, and exact nature of the incident). A copy of the completed form will be given to you for your records and the original copy will be keep for review by AHCA, Medicaid, HRSA, Patient Record, Employee Record, and Visitor Log upon Request.
- Human resources will contact all parties involved and schedule a grievance investigation with all involved parties within 15 working days of receiving the complaint.
- Within 30 working days of receiving the complaint (15 day after the investigation), the Human resources department will convene a committee composed of all involved parties and peer advocate(s). the committee will objectively review all information concerning the issue, evaluate the nature of the grievance and recommend an unbiased corrective action. the Human resources department will document the findings of the committee in a formal response letter to all parties involved within 7 days of the committee meeting.
- You have the right to appeal the findings and re-petition the committee within seven days of receiving a formal response. If you are not satisfied with the finding(s), you may then file grievance directly with Medicaid, AHCA, DCF, HRSA, etc.



401 NW 2nd Avenue  
Suite N-812  
Miami, Florida  
33128  
(786) 257-5191



2727 Mahan Drive  
Mailstop #4  
Tallahassee, FL 32308  
(850) 412-3960



7900 NW 27th Avenue suite E-12  
Miami, Florida  
33147  
(786) 318-2337

# Infection Control Notification

**EUCHC** infection control prevention measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community or while receiving care due to health problems. All staff, patients and visitors are asked to help in reducing the risk of spreading infections by:



- Notifying the staff at the front desk if you have a cold or the flu. We will offer you a mask. You may need to be isolated.
- Getting your immunization shots.
- Eating a healthy diet.
- Staying home if you are sick.
- Touching your eyes, nose or mouth (viruses can transfer from your hands and into the body).
- Keeping the agency clean by disposing of waste material in the receptacles provided throughout the agency.
- Notifying staff if hand washing supplies are not available.

Washing your hands. Hand washing is one of the best ways to avoid spreading illness.

Wash your hands after:

- Using the restroom.
- Using a tissue, or cough and sneeze into your arm, not your hand. turn away from other people.
- Using single tissues.
- Shaking hands.
- Coming in contact with blood, vomit, mucus or an infected wound.
- Treating wounds, giving medicine, or caring for a sick or injured person.

# Patient Safety Notification



## Patient Safety and Incident Reports

Any accident that occurs on the premises of EUCHC to any staff, patient or visitor that results in injury must be reported immediately to a supervisor for an incident report form to be completed. A copy of this form must be forwarded to the Human Resources Manager within 24 hours of the incident. Fire Drills,

## Fire Alarms and Fire Safety

The following policy is for the safety of all staff, patients and visitors. evacuation of the building is mandatory for all occupants whenever a fire alarm is sounded. Violation of this policy is punishable by local and state law and city and state ordinances. Do the following if an alarm is activated:

- Exit the building immediately by the proper pathway posted.
- Once outside move to the designated assembly point. If you are a patient or visitor staff members will guide you.
- Do not return to the building until the signal is given.

## In the Event of a Fire

If you smell smoke or detect a fire, sound the alarm and call 911 immediately from a safe location outside the building.

## Firearms, Fireworks and Flammables

Firearms, flammable liquids, hazardous materials, weapons fireworks, firecrackers and ammunition are not permitted on the premises. Anyone possessing any type of firearms will be immediately removed from the premises. Fire extinguishers must not be removed or tampered with at any time.

# Drug-Free Environment



## DRUG-FREE ENVIRONMENT

As part of our commitment to provide a safe environment for our staff, patients, volunteers, and visitors EUCHC has established a drug-free workplace policy. EUCHC strictly prohibits the illicit use, possession, sale, distribution, and manufacture of controlled substance on the premises. Substances that are covered under this policy are alcohol, illegal drugs, inhalants, prescriptions and over the counter drugs. We ask that all staff, patients, volunteers, and visitors adhere to our drug-free policy.



## SMOKE-FREE ENVIRONMENT

**EUCHC** is a smoke-free environment in compliance with the Clean Air Act. Smoking and secondhand smoke are known to cause serious lung disease, heart disease and cancer. this policy was established to provide a smoke-free environment for all staff, patients, volunteers, and visitors to keep a healthy workplace. This policy covers the smoking of any tobacco product and the use of oral tobacco products, “spit” tobacco and e-cigarettes. Smoking is prohibited by staff, patients, volunteers, and visitors on the premises. Smoking or tobacco use is permitted only in designated smoking areas located at least 25 feet outside the building entrance. We ask that materials used while smoking in designated areas be extinguished and disposed of in appropriate containers.

We ask that all staff, patients, volunteers and visitors adhere to our non-smoking policy.

# Your Health Care Team

**Medical Provider:**

**ext.**

**Pharmacy Adherence Manager:**

**ext.**

**Dental Provider:**

**ext.**

**Nutritionist:**

**ext.**

**Behavioral Health Provider:**

**ext.**

**Medical Case Manager:**

**Access your Health Record at EUCHC.org. Notes:**

# MyChart

## **MyChart Patient Instructions:**

- The patient will need to enter the email address that Epic has in their demographics and their date of birth.
- The patient will need to create a Username and password.
- They will need to decide on their notification preferences.
- The patient will then need to agree to the terms and conditions of MyChart.
- Finally, they will get to the homepage where they will be offered a video walking them through the features of the MyChart space.

The screenshot shows the MyChart patient portal homepage. At the top, the MyChart logo is displayed with the tagline "Your secure online health connection". Below the logo, there are four main service areas: "Communicate with your doctor" (with an envelope icon), "Access your test results" (with a beaker icon), "Request prescription refills" (with a pill icon), and "Manage your appointments" (with a calendar icon). Each area has a brief description of the service. On the right side, there is a login section with a "Ver en español" link at the top. It includes input fields for "MyChart Username" and "Password", a "Forgot login information?" link, a "Log in" button, a "Log in with passkey" option, a "Sign up" button, a "Pay Online?" link, and a "Pay As Guest" button. At the bottom, there are links for "Download on the App Store" and "GET IT ON Google Play", as well as links for "Interoperability Guide", "FAQs", "Privacy Policy", "Terms and Conditions", and "High Contrast Theme". The MyChart logo with the Epic logo is also present at the bottom right, along with the text "MyChart® licensed from Epic Systems Corporation® 1999 - 2025".

Ver en español

**MyChart**  
Your secure online health connection

**Communicate with your doctor**  
Get answers to your medical questions from the comfort of your own home

**Access your test results**  
No more waiting for a phone call or letter – view your results and your doctor's comments within days

**Request prescription refills**  
Send a refill request for any of your refillable medications

**Manage your appointments**  
Schedule your next appointment, or view details of your past and upcoming appointments

MyChart Username

Password

Forgot login information?

Log in

Log in with passkey

Sign up

Pay Online?

Pay As Guest

Download on the App Store

GET IT ON Google Play

Interoperability Guide | FAQs | Privacy Policy | Terms and Conditions | High Contrast Theme

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