



Patient Registration

Date: _____

Patient Last Name		Patient First Name		Patient Middle Name																					
Social Security #		Date of Birth (mm/dd/yyyy)		Gender at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female																					
Current Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose																							
Street Address			Cell Phone																						
City	State	Zip	Home Phone																						
What is your marital status? (check one) <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Day Phone																						
Student Status: (check one) <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Not a student			Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Day																						
Patient Email Address:			Contact Preference: <input type="checkbox"/> No Preference <input type="checkbox"/> Phone: When is the best time? <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Eve <input type="checkbox"/> Anytime <input type="checkbox"/> Email/ Patient Portal <input type="checkbox"/> Mail																						
Race: Please select all apply from the following racelisting: <table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> American Indian/Alaska Native</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Bangladeshi</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Other Pacific Islander: _____</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Thai</td><td><input type="checkbox"/> Native Hawaiian</td><td><input type="checkbox"/> White</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Vietnamese</td><td><input type="checkbox"/> Guamanian or Chamorro</td><td></td></tr><tr><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Other Asian: _____</td><td></td><td></td></tr></table>						<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Samoan	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Korean	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Pacific Islander: _____	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Thai	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian: _____		
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<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro																							
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian: _____																								
Preferred language?			Birthplace: <input type="checkbox"/> United States <input type="checkbox"/> Other: _____																						
Year Arrived in US: Please put N/A if you're born in U.S.	What is your highest Level of education completed? (Check one) <input type="checkbox"/> Elementary <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> N/A		Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Other																						
Do you have a physical or mental disability that has prevented or will prevent you from working for more than a year? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is it okay to send mail to your address <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Emergency Contact Information Last Name: First Name			Relationship to patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Other																						
Emergency Contact Phone number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell																									

Patient's Parent/Guarantor Information (Parent or Legal Guardian for Children Under 18 years)

Parent 1 Information Last Name: _____ First Name: _____		Relationship to patient: <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Parent Address <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>		Parent Email address: _____	
Parent Phone Number _____	Parent Date of Birth (mm/dd/yyyy) _____	Parent/Guarantor Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
If NO second Parent/Guarantor information: Please check the box <input type="checkbox"/> (and skip to Patient Information)			
Parent 2 Information Last Name: _____ First Name: _____		Parent/Relationship to patient: <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Parent Address <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>		Parent Email address: _____	
Parent Phone Number _____	Parent Date of Birth (mm/dd/yyyy) _____	Parent Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient Information			
Birth Mother's Full Name (before marriage) <div style="display: flex; justify-content: space-between;"> Last (Maiden Name) _____ First Name _____ Middle Name _____ </div>			
Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a LAUSD student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or your family members <u>Migratory or Seasonal</u> Agricultural Workers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran of US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need an Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: Are you Hispanic, Latino/a or Spanish Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select all apply: <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Hispanic or Latino, Unknown Origin <input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin: _____		
How many people in your family? only include yourself, spouse and minor children under 18 years _____		What is your household annual income? Combined income of the persons listed in your family, if they are working _____	
How did you hear about our clinic? (Please circle all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">APHCV Employee</div> <div style="width: 50%;">Brochure/Flyer</div> <div style="width: 50%;">Building Signage</div> <div style="width: 50%;">Family/Friend/Patient</div> <div style="width: 50%;">Health Fair/Festival/Events/Outreach</div> <div style="width: 50%;">HMO/Insurance List</div> <div style="width: 50%;">Hospital/Doctor/Business/Agency</div> <div style="width: 50%;">Internet-Facebook/Instagram</div> <div style="width: 50%;">Internet-APHCV Website/Google/Yelp/Etc.</div> <div style="width: 50%;">Newspaper/Magazine/Yellow Pages</div> <div style="width: 50%;">School/Outreach</div> <div style="width: 50%;">Other: _____</div> </div>			

Name of the person who completed the form if it's different from patient: _____

Please turn in the completed forms to Front Office staff.
Thank you.

(SBHC use only)

Parent verification by: _____

Date: _____



ASIAN PACIFIC HEALTH CARE VENTURE, INC.
"working together for community health"

Combined Consent

Patient
Identifying
Label

A. CONSENT TO TREATMENT:

I hereby request and consent to diagnostic procedures, tests, and medical treatment, family planning and immunizations as deemed advisable by the professional staff of Asian Pacific Health Care Venture, Inc. (APHCV, Inc.). I am aware that a Physician, a Nurse Practitioner or a Physician Assistant may provide the medical care. Services will be in my best interest, or the best interest of my child or legal charge. I consent to the taking of photographs, videotapes, digital or other images of my medical condition or treatment by clinical staff, and the use of the images for purposes of my diagnosis or treatment or for the clinic's operations including peer review, education and training programs conducted by the clinic. A separate consent is required by me for use of image for non-clinical purposes. I understand that services are provided on a voluntary basis and receipt of family planning services is not a prerequisite to receipt of any other services offered. I understand that this consent to treatment will be in effect as long as I am seen at any of the Asian Pacific Health Care Venture, Inc. clinic sites. I may cancel this consent in writing. The consent must be cancelled for each clinic that I am seen in.

B. AUTHORIZATION FOR MEDICAL RECORDS RELEASE/REFERRAL AND ASSIGNMENT OF BENEFITS:

I authorize APHCV, Inc. to release medical/social information to persons or agencies directly concerned with and engaged in carrying out a treatment plan for the patient. Also APHCV, Inc. may use and release any part of my medical records necessary to the process of billing third party payers for services rendered on my behalf. I clearly understand that all my information will be kept confidential. I understand that this information will be used to review, investigate, or make payment of a claim, and to review records for quality improvement initiatives, audit compliance, utilization management, and complaint resolution.

I authorize payment directly to Asian Pacific Health Care Venture, Inc. for all medical benefits otherwise payable to me under terms of my insurance. I understand that I am financially responsible for all co-payments, co-insurance, deductibles, and non-covered services. Overpayments on any Asian Pacific Health Care Venture, Inc. account may be applied to my patient balance within the Asian Pacific Health Care Venture, Inc., sites. A photocopy of this authorization shall be considered as effective and as valid as the original.

C. PROTECTED HEALTH INFORMATION DESIGNEE:

I understand that the individuals identified below will be treated by Asian Pacific Health Care Venture, Inc. (APHCV), as individuals involved directly in my care or my child's care, and as such APHCV will be allowed to communicate, discuss and release the patient protected health information related to the health care services I or my child receive at APHCV. I understand that the information that can be released are limited to the following: Appointment/Procedure (scheduling, rescheduling, cancelling), Prescription re-fill(s), Laboratory test results, Radiology Examination Results, Referral Inquiries, Billing Inquiries.

Name of Designee: _____ Designee Date of Birth: _____

Designee Phone Number: _____ Relationship to Patient: _____

☐ I decline to provide a protected health information designee contact for myself or my child at this time.

Patient/Parent/Legal Guardian Signature (Please circle one) _____ Date: _____

D. ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

- I acknowledge that I received the Notice of Privacy Practices from Asian Pacific Health Care Venture, Inc.
- You also have the right to request to be contacted at a different location or by a different method.

APHCV will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, please provide the contact information below:

Street Address _____ City _____ State _____ Zip code _____

Alternative Telephone: _____

Signed: X _____

Patient/Parent/Legal Guardian Signature (Please circle one)

_____ Date

Please print full name and relationship to patient if the patient cannot sign this document.

Full name (Print name of **Parent or Legal Guardian**)

Relationship _____

PLEASE LEAVE THIS PAGE BLANK



PATIENT PAYMENT RESPONSIBILITY POLICY

1. Payment is expected in full when services are rendered.

2. Medi-Cal and/or Medicare

If you have Medi-Cal and/or Medicare, please provide us with your current Medi-Cal and/or Medicare Card at each visit. If you have a share of cost, you will be asked to pay that amount at the time of service. **All co-pays, co-insurances, and share of cost are due at time of service.** If your Medi-Cal and/or Medicare claim is denied, you are fully responsible for the cost of the service.

3. Private Insurance

If you have private insurance that we can accept, please provide us with a copy of your insurance card at each visit. **All co-pays, non-covered services and deductibles are due at time of service.** If your health insurance claim is denied, you are fully responsible for the cost of the service.

4. Self Pay Patients

Full payment is due at time of service. We accept CASH, CHECKS, CREDIT/DEBIT CARDS. We offer a sliding fee discount and prompt payment incentive if you qualify. Please ask the Front Office staff for additional information.

5. LAUSD students at school-based health centers

Upon the agreement with Los Angeles Unified School District, APHCV shall not charge fees to pre K – 12 students accessing services at school based health centers. APHCV shall charge all other populations as appropriate.

6. Government Funded Programs

We offer several different government funded programs for which you may qualify. If you would like more information, please ask our Front Office staff. Fee for services out of the scope of benefit of government funded program is Patient's responsibility.

7. Sliding Fee Discount Programs

We offer Sliding Fee Discount Program (SFDP) where your fee maybe discounted based on your household income and number of individuals live in the household. You may not eligible or decline to participate at this time, but when you decide to apply or your financial situation changes, you can ask APHCV receptionist staff for the program and provide required documents.

Thank you for choosing us as your health care provider. Please let us know if you have questions or concerns. By signing below you acknowledge and accept our Patient Financial Policy.

X_____

Date _____

Signature of Patient or Responsible Party

X_____

Date _____

Signature of Co-Responsible Party

PLEASE LEAVE THIS PAGE BLANK



PATIENT SAFETY AGREEMENT

At Asian Pacific Health Care Venture, Inc. (APHCV) we do our best to provide a safe place for our patients and visitors to get quality medical care. Therefore, we ask patients and visitors to agree to the following:

1. **RESPECT OTHER CLIENTS AND STAFF:** I promise to respect the privacy and personal safety of all clients and staff of the clinic. I understand that any form of violence or aggressive behavior such as yelling, shouting, hitting, pushing, etc. will not be tolerated. I shall not steal nor vandalize APHCV property (including graffiti).
2. **NO WEAPONS:** I and anyone who comes with me (friends or family) shall not bring weapons of any kind into the clinic area at any time. I understand that if I bring a weapon such as guns, knives, stun guns or any other type of weapon into the clinic I may be asked to leave. I may also be transferred to another facility for my care. If I am legally permitted to carry a weapon (e.g., if you are a peace officer) I shall tell the front desk when I check in.
3. **NO CRIMINAL ACTS:** I shall not do any criminal acts while at APHCV. I understand that APHCV holds right to report any illegal activities to the authorities.
4. **WATCH MY CHILDREN AND BELONGINGS:** I shall supervise and regulate any family members and visitors, in particular children, who may come with me to the clinic. I am also responsible in watching my belongings at all times.
5. **ACCEPTING CONSEQUENCES:** I understand the above responsibilities and will follow them to the best of my ability. I understand that the violation of the above expectations may result in refusal or termination of care at APHCV.

English, Revised: 02/07/2020

APHCV Administrative Office | 4216 Fountain Avenue | Los Angeles, California 90029 | 323.644.3880 | www.aphcv.org

Belmont Health Center
180 Union Place
Los Angeles, California 90026
323.644.3885

El Monte/Rosemead Health Center
9960 Baldwin Place
El Monte, California 91731
626.774.2988

John Marshall High School Health Center
3939 Tracy Street
Los Angeles, California 90027
323.665.1129

Los Feliz Health Center
1530 Hillhurst Avenue
Los Angeles, California 90027
323.644.3888



Place Patient label
here

PATIENT RESPONSIBILITIES

Asian Pacific Health Care Venture, Inc. (APHCV) and its staff work with patients in order for them to receive quality and effective medical care, to achieve this goal, we ask all patients to be informed and agree to the following patient responsibilities. **Please place your initials after reading each statement next to the provided space.**

- 1. PROVIDE INFORMATION:** I shall provide true and complete information about my past and current illnesses, hospitalizations, medications and other matters relating to my health and answer any questions related to it, to the best of my knowledge. I shall provide up-to-date contact information so that APHCV has a way to contact me when it is necessary. Initial _____
- 2. ASK QUESTIONS:** I shall ask questions about my health problems and treatment if they are not clear to me. Initial _____
- 3. CALL FOR APPOINTMENT:** If I am feeling bad or have a question about my health care, I will call the clinic. If I feel I need to come into the clinic for medical care, case management, social services, or prescription refills, I will call first. If appointments are not available, I can walk-in to the clinic without an appointment. As a walk-in, I understand I may have to wait for an appointment and a same day appointment is not guaranteed. Initial _____
- 4. KEEP MY APPOINTMENT:** I shall keep all my scheduled appointments and arrive on time. If I cannot keep my appointment, I will call the clinic and cancel my appointment at least 24 hours before my appointment time. I shall arrive about 20 or 40 minutes prior to my scheduled appointment, depending on my appointment and/or insurance program renewal if needed, to allow enough time to complete my check-in process. *I understand my appointment will be cancelled, re-scheduled or moved to another time if I arrive after my given scheduled check-in time.* Initial _____
- 5. RESPONSIBLE FOR MY CARE:** I understand that I am ultimately responsible for my own health care and for that of my family. It is my responsibility to make and keep appointments for treatment of diseases or conditions and preventative care such as health check-ups, immunizations, pap smears, mammograms, or HIV tests. I understand that I am responsible for the outcomes if I do not follow the instructions of health care providers. Initial _____
- 6. INDIVIDUALS WITH DISABILITIES USING SERVICE ANIMALS:** I understand that I am responsible for the care and supervision of my service animal at all times, which includes leashing, toileting, cleaning up and disposal of animal waste, feeding. I understand that APHCV may require a service animal to be removed from the clinic immediately if APHCV finds any of the following; (a) the service animal is disruptive, out of control; or (b) the service animal causes any harm to patients/staff. Initial _____

I have read, understood, and agreed to adhere to both the Patient Safety Agreement and the Patient Responsibilities.

Patient/Parent/Legal Guardian Signature (**Please circle one**)

Date

Print Name

English, Revised: 02/07/2020

APHCV Administrative Office | 4216 Fountain Avenue | Los Angeles, California 90029 | 323.644.3880 | www.aphcv.org

Belmont Health Center
180 Union Place
Los Angeles, California 90026
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3939 Tracy Street
Los Angeles, California 90027
323.665.1129

Los Feliz Health Center
1530 Hillhurst Avenue
Los Angeles, California 90027
323.644.3888

(SBHC use only)

Parent verification by: _____

Date: _____



Patient
Identifying Label

Telehealth/Telephone Informed Consent

1. I agree to receive health care services via Telehealth/Telephone. I understand that:
 - a. I have the right to access covered services through an in-person, face- to-face visit or through Telehealth/Telephone.
 - b. The use of Telehealth/Telephone is voluntary, and I may withdraw my consent to, or stop receiving services through Telehealth/Telephone at any time without affecting my ability to access covered services in the future.
 - c. My insurance provides coverage for transportation services to in-person services when other resources have been reasonably exhausted.
 - d. There may be limitations or risks related to receiving services through Telehealth/Telephone as compared to an in-person visit. For example:
 - Telehealth/Telephone involves alternative forms of communication that may reduce video and/or audio quality comparing to in person face-to-face visit.
 - Telehealth/Telephone sessions could be disrupted, and medical evaluation or treatment could be delayed due to deficiencies or technical failures.
 - Information transmitted may not be sufficient (e.g., poor resolution of video, poor audio) to allow for appropriate medical decision making by the provider. Your provider may determine that telehealth and/or telephone service are not appropriate for certain evaluation/treatment.
 - Public devices and/or network that may be accessed by someone else other than yourself are not secure and should be avoided. It is strongly recommended to use a secure and/or private device and internet network.
 - A timely response to emergencies during Telehealth/Telephone session may be limited. If there is an emergency during a Telehealth/Telephone session, APHCV will contact emergency services and patient's emergency contacts if needed clinically necessary.
2. I have read this document carefully, understand the potential limitations and risks of receiving services via Telehealth/Telephone, and have had my questions answered to my satisfaction.

Signed: **X** _____

Patient/Parent/Legal Guardian Signature (**Please circle one**)

_____ Date

Please print full name and relationship to patient if the patient cannot sign this document.

Full name (Print name of **Parent or Legal Guardian**)

Relationship

PLEASE LEAVE THIS PAGE BLANK

Open Payments Database Notice

English: Open Payments Database Notice

The Open Payment Database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at openpaymentsdata.cms.gov.

Spanish: Aviso de la base de datos de Revelación de Pagos

La base de datos de Revelación de Pagos es una herramienta federal que se utiliza para rastrear los pagos realizados por compañías de medicamentos y dispositivos a médicos y hospitales docentes. Se puede encontrar en openpaymentsdata.cms.gov.

Thai: ขอแจ้งให้ทราบเรื่อง ฐานข้อมูลสาธารณะ เกี่ยวกับการชำระเงินให้ทางการแพทย์

ฐานข้อมูลสาธารณะ เกี่ยวกับการชำระเงินให้ทางการแพทย์ คือบริการของรัฐบาลกลาง เพื่อให้บุคคลทั่วไปสามารถ ค้นหาการชำระเงินที่ทำโดยบริษัทยาและอุปกรณ์ทางการแพทย์ ที่ส่งจ่ายให้แก่แพทย์วิชาชีพ และโรงพยาบาลที่สอนต่างๆ ซึ่งท่านสามารถเข้าไปค้นหาข้อมูลได้ที่หน้าเว็บไซต์ openpaymentsdata.cms.gov.

Khmer: ប្រកាសបើកចំណតមានផលតំលៃទុក អំពីការទូទាត់ប្រាក់

ការបើកចំណតមានផលតំលៃទុក អំពីការទូទាត់ប្រាក់ គឺជាឧបករណ៍សហព័ន្ធមួយដែលប្រើដើម្បីស្វែងរកការទូទាត់ប្រាក់ ដែលបានធ្វើឡើងដោយក្រុមហ៊ុនថ្នាំពេទ្យ និងក្រុមហ៊ុនឧបករណ៍ពេទ្យ ឱ្យដល់គ្រូពេទ្យ និងមន្ទីរពេទ្យដែលបង្រៀន។ អាចរកឃើញនៅក្នុងវិសាលភាព openpaymentsdata.cms.gov.

Bengali: পেমেন্ট ডাটাবেসের নোটিশ খুলুন

ওপেন পেমেন্ট ডেটাবেস হল একটি ফেডারেল টুল যা ঔষধ এবং ডিভাইস কোম্পানির দ্বারা চিকিৎসক এবং শিক্ষাদানকারী হাসপাতালগুলিতে করা অর্থপ্রদান অনুসন্ধান করতে ব্যবহৃত হয়। এটি openpaymentsdata.cms.gov এ পাওয়া যাবে।

Japanese: オープンペイメントデータベースのお知らせ

オープンペイメントデータベースは製薬会社や機器会社が医師や教育病院におこなった支払いを検索するために使用される連邦政府のツールです。openpaymentsdata.cms.gov でご確認ください。

Chinese: 打開支付數據庫通知

Open Payment Database 是一種聯邦工具，用於搜索藥品和設備公司向醫生和教學醫院支付的款項。它可以在 openpaymentsdata.cms.gov 找到

Vietnamese: Mở thông báo cơ sở dữ liệu thanh toán

Cơ sở dữ liệu thanh toán mở là một công cụ liên bang được sử dụng để tìm kiếm các khoản thanh toán do các công ty dược phẩm và thiết bị thực hiện cho các bác sĩ và bệnh viện giảng dạy. Nó có thể được tìm thấy tại openpaymentsdata.cms.gov.

Signed: _____

Patient or Patient Representative

Date: _____

PLEASE LEAVE THIS PAGE BLANK



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Asian Pacific Health Care Venture, Inc. (APHCV) does not create or maintain psychotherapy notes as defined by HIPAA.

In addition to HIPAA, APHCV patient's privacy is protected under The Confidentiality of Medical Information Act (CMIA). The CMIA is a state law that protects the confidentiality of individually identifiable medical information obtained by a health care provider.

APHCV will ask for your written authorization each time to disclose HIV test results unless disclosure is permitted by law.

APHCV provides you an electronic access to your medical record and other health information we have about you. Please ask APHCV Front Office staff how to enroll to APHCV Patient Portal "My APHCV" or contact the Privacy Officer at (323) 644-3880 or HIPAA@aphcv.org.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

APHCV-Belmont Health Center: 180 Union Place, Los Angeles, CA 90026

APHCV-El Monte/Rosemead Health Center: 9960 Baldwin Place, El Monte, CA 91731

APHCV-John Marshall High School Health Center: 3939 Tracy Street, Los Angeles, CA 90027

APHCV-Los Feliz Health Center: 1530 Hillhurst Ave., Los Angeles, CA 90027

Asian Pacific Health Care Venture, Inc.

Administrative Office

4216 Fountain Avenue

Los Angeles, CA 90029

www.aphcv.org

*For questions or more information about this document, please contact:
Privacy Officer: (323) 644-3880 or HIPAA@aphcv.org*

Effective Date: July 1, 2019



ASIAN PACIFIC HEALTH CARE VENTURE, INC.

2024 Los Feliz Patient Guide

Thank you for choosing Asian Pacific Health Care Venture, Inc. (APHCV) as your health care provider. APHCV is dedicated to using proven treatments to make sure you get the best care. We hope this patient guide will help make your experience at APHCV to be the best possible. Please let us know if you have any questions, needs, or suggestions for how we may better serve you.

GENERAL INFORMATION

Clinic Address	1530 Hillhurst Ave, Los Angeles, CA 90027
Medical Appointment Phone Number	(323) 644-3888
After Hours Phone Number	(323) 644-3888
Website	www.aphcv.org
Health Center Hours:	
Monday, Wednesday, Friday	7:30 am- 5:00 pm
Tuesday, Thursday	7:30 am- 6:00pm
Saturday	7:30 am- 4:00 pm (closed on 5 th Saturday of the month and holiday weekends)

***APHCV is now offering virtual Telehealth and Telephone appointments. Please call Telephone Operators for more information at (323) 644-3888.**

***APHCV is closed on** the 1st Friday of the month from 7:30 am – 12:30 pm and 3rd Thursdays of the month from 11:30 am – 1:30 pm for Staff Meetings.

HOLIDAYS. APHCV is closed on the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Day after Thanksgiving, Day before Christmas Eve, Christmas Eve, Day before New Year's Eve and New Year's Eve.

APPOINTMENTS. If you need to schedule, reschedule or cancel an appointment, please call us at (323) 644-3888. If our staff is busy, please leave us a message. We will call you back promptly. After hour calls will be returned the next business day. You can also request or cancel appointments through your online Patient Portal.

WALK-INS. If you come to the clinic without an appointment before 2 pm, we will do our best to see you on the same day. There may be a wait before we can see you. If you do not want to wait, we will help you to make an appointment.

WE ASK THAT YOU TRY TO MAKE AN APPOINTMENT AND COME IN TO SEE US IF YOU ARE SICK.

Please know that same day appointments are **limited**, and is on a first-come, first-served basis. If all patients with an appointment show up and all slots are full, we may not be able to see

CANCELLATIONS. If you need to cancel your appointment, please call us at least 24 hours in advance. If the appointment is not cancelled, you will be considered a “no show”. If you have three continuous no-shows, we might not be able to make appointments for you in the future and will ask that you come as a walk-in.

Luma Health. Luma Health is an educational text messaging program and reminder system. APHCV uses Luma Health to send appointment reminders and educational messages related to your health. Appointment reminders are sent in a series of three: one week, two days, and one day prior to your scheduled appointment.

Reminders will include your name, appointment date, time, location, and when to arrive. Reminders sent two days prior to the appointment will ask you to respond “yes” to confirm the appointment, “no” to cancel, or “stop” to stop reminder messages. The last reminder sent one day prior to the appointment will inform you when to arrive and what you need to bring. For more information, please give us a call at (323) 644-3888.

PRIMARY CARE PROVIDER (PCP) AND COORDINATION OF CARE. You and your family have a right to choose your own Primary Care Providers (PCP) who will be in charge of your care. You will be able to choose a PCP at your first visit to APHCV and may change your PCP at anytime. Please ask us for a list of Providers that you may choose as your PCP. Our clinic provides proven care from our Providers and team. We also help patients take better care of themselves with educational resources and current information about specific health issues.

We ask that you tell us your medical history. We need to know any care you receive outside of APHCV. Please bring all of your current medications and recent medical test results. Please bring a list of other providers you see, including name, address, and phone number. This includes hospitals and emergency departments that you visited. We can also help you get your medical records from other providers. This helps us better understand your health needs and provide the best health services to you and your family. If you’re hospitalized or went to the emergency department, please let APHCV know as soon as possible, as you may need follow-up visits with your PCP.

APHCV wants to help you stay physically and mentally healthy. We can help you get the care you need, including specialist, hospital care, and rehabilitation centers. APHCV offers on-site behavioral services and referrals to outside mental health services. For more information on what services we offer, please ask our staff.

If you need to reach your or your family member’s PCP for clinical advice during our regular business hours, you may call us at (323) 644-3888. In urgent cases, the Telephone Operator will take your concerns and direct them to the nurse’s attention and the nurse will return your call within 4 hours of the same business day, or the next business day if the call is received within the last 4 hours of clinic closing time. If urgent, please call your Health Plan 24 hours nurse hot line or My Health LA member services line listed below or on the back of your member ID card.

SLIDING FEE DISCOUNT PROGRAM APHCV offers ways to help you pay for your medical bills if you qualify. Our Sliding Fee Discount Program lowers your cost based on your family size and how much money you and your family make. The program is for all patients whose household income is at or below 200% Federal Poverty Level. We serve all patients regardless of inability to pay. You may qualify for the Sliding Fee Discount Program even if you have insurance. Please ask the front office staff for more information.

UNINSURED PATIENTS. APHCV can give information to uninsured patients on how to get health coverage and financial support for care needs. We can give you information on Medi-Cal, Covered CA, and more.

MYAPHCV PATIENT PORTAL. Patient Portal is a quick and secure way of connecting with APHCV online through your computer or mobile app. With Patient Portal, you are able to view/request your medical record, message your care team, request/ cancel appointments, view your medication list, request medication refills, and obtain lab results. If you would like to sign up for the Patient Portal, please look out for an enrollment email after you have scheduled an appointment and after your visit, or ask the Front Office staff for more information. You can also call our Patient Portal Support at (323) 644-3880 Ext. 505.

PHONE TREE WITH LANGUAGE OPTION. APHCV's phone menu allows you to talk to staff in their native language. When calling our appointment line at (323) 644-3888, you will be asked to choose language. Please see the table below for the specific language options. You will be given the option of speaking with telephone operator or reaching specific staff at their extension number.

Language	Ext	Language	Ext	Language	Ext	Language	Ext
English	1	Thai	2	Khmer	3	Spanish	4
Japanese	5	Vietnamese	6	Bengali	7	Cantonese, Mandarin	9

PATIENT WITH HEARING OR SPEECH DISABILITY. If you would like to call us using text telephone (TTY) or Telecommunications Device for the Deaf (TDD), you can do so by dialing 711 for Telecommunications Relay Services (TRS). When you dial 711 on your telephone, the TRS operator will automatically be connected. If you would like to get more information, please talk to our front office staff. 711 TRS services available for free.

MEDICAL INTERPRETERS. If you need language interpreters, we have interpreters available either on-site or through telephone. At Los Feliz, we have on-site interpreters available in the following languages: Thai, Bengali, Khmer, Spanish, and Japanese. For patients with hearing disability, on-site sign language interpreter are arranged per request and for free to all patients.

AFTER HOURS AND EMERGENCY CARE. If we are closed and you think your condition is life threatening, do not wait for the next day to seek care. Please call 911 or go to the nearest emergency room.

When to go to an Emergency Room...

- | | |
|--|--|
| 1. Chest pain lasting more than 3 to 5 minutes | 6. Confusion or change in mental status |
| 2. Bleeding more than 5 minutes | 7. Sudden blindness in one eye |
| 3. Difficulty breathing or shortness of breath | 8. Severe abdominal pain |
| 4. Sudden fainting, dizziness, weakness | 9. Severe vomiting or diarrhea lasting more than a day |
| 5. Sudden difficulty speaking | 10. Coughing or vomiting of blood |
| | 11. Suicidal thoughts |

If you are not experiencing a life threatening condition and have one of these plans, you can call your health plan's 24-hour nurse advice line.

Name of Your Health Plan	24-hour Nurse Advice Line #	Name of Your Health Plan	24-hour Nurse Advice Line #
Blue Cross	(800) 224-0336	Health Net	(800) 440-5724
Blue Shield	(877) 304-0504	LA CARE	(800) 249-3619

Blue Shield Promise	(800) 609-4166	Molina	(888) 275-8750
Cigna	(800) 244-6224	Alignment	(844) 323-2247

If APHCV is closed and you need help, including a medication question or refill request, or you need general health care advice, please call our appointment line at **(323) 644-3888**, you will be connected to our after hour answering service. The answering service will assess your call and will page for the on call provider if it is urgent.

ASIAN PACIFIC HEALTH CARE VENTURE, INC.

LOS FELIZ

1530 Hillhurst Ave, Los Angeles, CA 90027

Important: The clinic is closed the **first Friday of every month** from 7:30am- 12:30pm, and also closed the **third Thursday of every month** from 11:30am- 1:30 pm due to staff meetings



CLINICAL SPECIALTIES

<u>Service</u>	<u>Days</u>		<u>Contact</u>
Family Practice Pediatrics Internal Medicine	Monday- Saturday* *Call for availability on Saturdays		Our appointment line (323) 644-3888
OB/GYN	OB	Monday, Tuesday, Wednesday 9:00am - 1:00pm Thursday 9:00am - 4:00pm	
	GYN	Monday, Tuesday, Thursday, Friday	
Mental Health	Monday- Friday		
Podiatry Service	Monday, Tuesday, Thursday, Saturday		
Psychiatry Service	Monday- Friday		

ENROLLMENT SERVICES

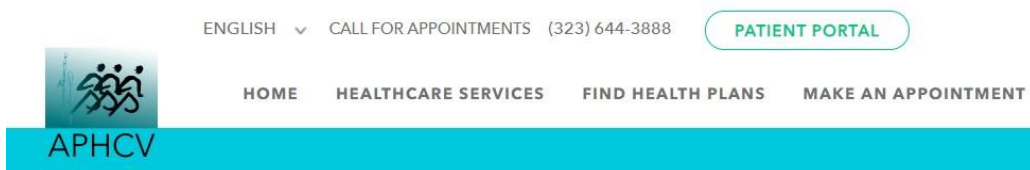
<u>Program</u>	<u>Days</u>	<u>Hours</u>	<u>Contact</u>
Medi-Cal	Monday – Friday	8:00AM-5:00PM	Enrollment Services (323) 644-3882
Covered CA			
CalFresh			



APHCV
HEALTH CENTER
ASIAN PACIFIC HEALTH CARE VENTURE, INC.

pay your balance online either:

- 1) logon to your myAPHCV Patient Portal at www.aphcv.org



- 2) or pay your bill at www.aphcv.org/pay

Pay Over Time Option - We also accept payments over time. You can make a payment plan through the myAPHCV patient portal or by calling the billing department at 323-644-3880 ext. 715



ASIAN PACIFIC HEALTH CARE VENTURE, INC.

MEET OUR PROVIDERS

LOS FELIZ HEALTH CENTER



Dominic Koh, MSN, CPNP, ANP-C

Pediatrics, Adults | Languages: English, Mandarin, Cantonese

Nurse practitioner and APHCV's Director of Nursing, Dominic Koh has been with APHCV since 1997. He completed his nursing degree and a postmaster's certificate at Cal State University, Los Angeles. He is a Certified Pediatric Nurse Practitioner (CPNP) and an Adult Nurse Practitioner – Certified (ANP-C). Dominic enjoys traveling and the theater.



Kevin Ko, M.D.

Family Medicine | Languages: English, Mandarin

Dr. Ko comes to us after 7 years of service in outpatients and hospitalist care. Dr. Ko's education includes Family Medicine Residency at the University of Texas Southwestern (2014), with work at St. Paul University Hospital and Parkland Memorial Hospital, Dallas, TX. Dr. Ko enjoys traveling, working in orphanage care in Uganda and Haiti, and community development in Peru. He is fluent in Mandarin and some medical Spanish.



Wei Min Chan, P.A.

Physician's Assistant | Languages: English, Cantonese

Wei Min Chan is a Florida native who attended Nova Southeastern University where she received her Master's in Health Sciences. She is fluent in both English and Cantonese. She enjoys exploring her new California home with her dog and trying all sorts of new foods.



Alexandra Stern , D.P.M.

Podiatrist | Languages: English

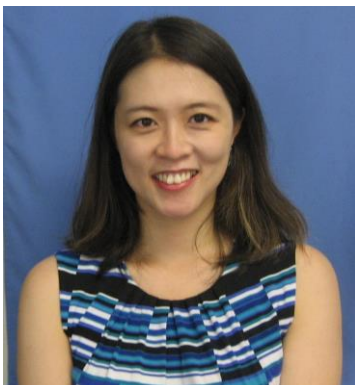
Dr. Alexandra Stern completed a Doctorate of Podiatric Medicine at Western University of Health Sciences, Pomona, California. She completed her medical residency at Scripps Mercy Hospital, San Diego, California and has Board Certification from the American Board of Podiatric Medicine. Dr. Stern has two young boys and enjoys hiking in her free time. Dr. Stern sees patients at Los Feliz Health Center and El Monte/ Rosemead Health Center.



Robert Howard, L.C.S.W

Licensed Clinical Social Worker | Languages: English

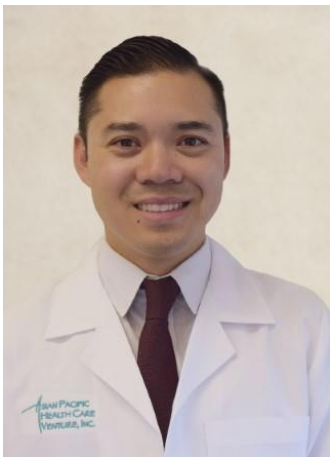
Robert Howard grew up in Oklahoma and attended Boston University where he earned his Master of Social Work degree. In his leisure time, Robert enjoys outdoor activities, music, concerts, and spending time with family.



Kai En Tang, D.O.

Family Medicine | Languages: English, Mandarin, Japanese, Medical Spanish

Dr. Tang is fluent in Mandarin and Japanese. She comes to us from Colorado and is able to do full spectrum of care from pediatrics, adult, to geriatric medicine. She has a kind heart for the under-served. She volunteered at a food bank during FP Residency training and took precious time to help to provide free medical care to underprivileged individuals, while she was a medical student.



Martin Tolosa, PA-C

Physician Assistant | Languages: English, Spanish

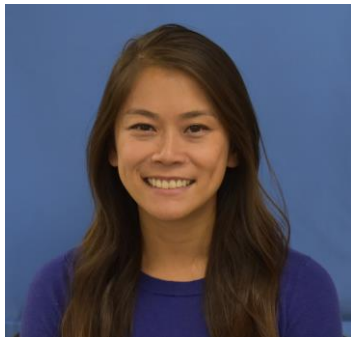
Martin Tolosa completed the Primary Care Physician Assistant Program at the Keck School of Medicine at University of Southern California and earned his Master of Physician Assistant Practice (MPAP) degree in 2014. He is excited to build relationships with his patients and helping them pursue and achieve their health goals. He speaks English and Spanish. Martin enjoys spending time with his family, running and basketball.



Elizabeth Fisseha, M.D.

Psychiatry | Languages: English

Dr. Fisseha received her Doctor of Medicine from University of California Los Angeles, David Geffen School of Medicine. She completed her psychiatry residency at the University of California Los Angeles, Semel Institute for Neuroscience and Human Behavior. She has a Master of Science in Global Medicine from the University of Southern California and a Bachelor of Arts in Neuroscience from Amherst College, Massachusetts. Dr. Fisseha sees patients at Los Feliz Health Center.



Wendy Mak, D.O.

Family Medicine | Languages: English, Cantonese, Spanish

Dr. Mak completed her Doctorate of Osteopathic Medicine at the Western University of Health Science in 2015. She completed her residency program at the Dignity Health Northridge Family Medicine in 2018. Dr. Mak is board certified with the American Board of Family Medicine. She is comfortable providing care for newborn patients to seniors. Dr. Mak speaks English, Mandarin, Cantonese and Spanish.



Phyllis Woo, MPH, MSN, WHNP-BC

Women's Health - GYN | Languages: English

Phyllis Woo brings a wealth of knowledge and care to APHCV's women's health as a certified women's health nurse practitioner. She received her Bachelors of Science and a Master's of Science in nursing from Columbia University and a Masters of Public Health from the University of Southern California. When she is not caring for APHCV patients, Phyllis can be found outdoors hiking or camping and exploring the many museums LA has to offer.



Mark Goleski, M.D.

Internal Medicine | Languages: English

Dr. Goleski received his Doctor of Medicine from Wayne State University School of Medicine. He completed his residency at University of Texas, Southwestern Medical Center, and completed a Cardiovascular Medicine fellowship at USC Keck School of Medicine. He specializes in Internal Medicine and chronic disease management for both adults and older adults, and occasionally treats adolescents ages 16 to 19. He enjoys mountaineering, marathon running, and participates in competitive rowing. Dr. Goleski sees patients at Los Feliz Health Center.



Shaozheng Ding, M.D.

Family Medicine | Languages: English, Mandarin

Dr. Shaozheng (Jennifer) Ding is a Family Medicine Physician with extensive experience. She completed two residencies, one in China and another in South Carolina at Greenville Hospital System. She also participated in a Dermatology fellowship program at Beijing Union Medical College. She has experience with occupational injuries, outpatient minor surgery, and chronic disease management. She is fluent in Mandarin Chinese. Dr. Ding sees patients at Los Feliz Health Center.



Jessica Murray, RD

Registered Dietitian | Languages: English

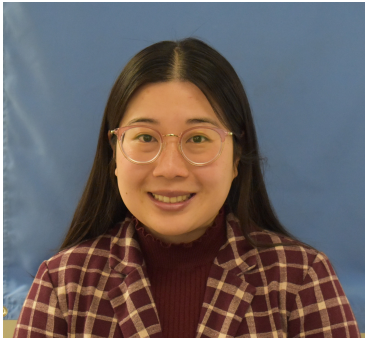
Jessica is a Registered Dietitian with nearly 10 years of experience. She received her Master of Science in Nutritional Science at California State University, Long Beach and her Bachelor of Arts from Kenyon College in Ohio. She enjoys cooking and running in her spare time. Jessica sees patients at Belmont and Los Feliz Health Center, and also remotely via telemedicine.



Jolie Cooperman, M.D.

Family Medicine | Languages: English

Dr. Cooperman provides services at APHCV through our partnership with Vituity. She received her Doctor of Medicine from the Keck School of Medicine, and completed her residency at the University of California Los Angeles. She also completed a fellowship program at Rochester General Hospital in Rochester, NY. She is board certified by the American Board of Family Medicine and specializes in Family Medicine and Obstetrics and Gynecology. She sees patients at Los Feliz Health Center and John Marshall High School Health Center.



My An Nguyen, M.D.

Pediatrician | Languages: English, Vietnamese

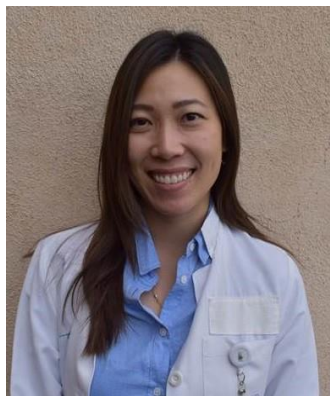
Dr. Nguyen is our new Pediatrician joining us at Los Feliz Health Center. She is a graduate of Wayne State University School of Medicine and completed her Residency at Harbor UCLA. She comes to us exceptionally trained and is a Fellow of the American Academy of Pediatrics. She is fluent in English and Vietnamese. Dr. Nguyen provides care for our newborn patients, and children up to age 18.



Laura Lai, M.D.

Psychiatrist | Languages: English, Chinese

Dr. Lai completed her doctorate degree at the University of Southern California, Keck School of Medicine in Los Angeles, California. She completed her residency and fellowship at the LAC-USC Medical Center in Psychopharmacology and psychiatry. She is a board certified member of the American Board of Psychiatry and Neurology. Dr. Lai is fluent in English and Chinese. She provides care for our patients at the Los Feliz Health Center.



Tiffany Prachachalerm, D.O.

Internal Medicine | Languages: English, Thai

Dr. Prachachalerm joined APHCV in 2021. She completed her Doctorate of Osteopathic in 2018 at Touro University of Nevada, College of Osteopathic Medicine. Dr. Prachachalerm is excited to help her patients achieve their health goals. In her free time, some of her hobbies include trying different cultural cuisines, cooking, traveling and playing golf. Dr. Prachachalerm is fluent in English, Thai and some Medical Spanish.



Perpetua Magpuri, MA, RD, CDE

Registered Dietician | Languages: English, Tagalog

Perpetua is our in house Registered Dietician. She received her MA in Nutrition and Diabetes from New York University. She has experience working as a lifestyle coach and nutrition educators. Perpetua is excited to help our patients achieve their weight loss goals and life style choice.

Emergency Room or Urgent Care?

If APHCV is closed, here is how you can decide when to go to the ER and when to go to Urgent Care

When to go to UrgentCare:

- Asthma & wheezing
- Diarrhea
- Dehydration
- Ear infection
- Eye irrigation
- Fever without rash
- Lacerations
- Minor Burns
- Nose bleeds
- Painful urination
- Rash without fever
- Sore throat, coughs, colds
- Sprains, strains, fractures
- Stitches, suturing, stapling
- Vomiting
- Wound infection

Urgent Care is meant for after hours and weekend access only, not for ongoing care or regular visits.

When to go to the Emergency Room:

- Chest pain
- Coughing up blood
- Fever in infants
- Fever with rash
- Head or eye injuries
- Heart attack or stroke
- One-sided weakness or numbness
- Poison ingestion
- Seizures
- Serious or severe injuries, burns or shocks
- Severe abdominal pain
- Severe bleeding or large open wound
- Severe fractures or broken bones
- Shortness of breath or difficulty breathing
- Sudden blurred vision or loss of vision
- Unconsciousness
- Vaginal bleeding with pregnancy

Call 9-1-1 immediately for any of these symptoms!

If your situation is life-threatening then go to the ER!
If you are unsure or have any questions, then you can contact our after-hours line (323) 644-3888.

