

# Compassionate Care

Dr. Karen Fanucci

9 Mill and Main Place, Suite 101  
Maynard, MA 01754

Phone: 978-823-0023

Dear New Patient,

We would like to take this opportunity to welcome you to our practice and to thank you for choosing Dr. Fanucci to participate in your healthcare. We look forward to providing you with personalized, comprehensive healthcare focusing on wellness and prevention. As continuity and coordination of patient care is essential in meeting your healthcare needs, Dr. Fanucci, her medical assistants and office staff work closely in a "team approach" to support your patient care.

Our office is open Monday through Friday 8:30am - 5:00pm. Every effort is made to see our patients for medical problems during daytime hours. Please note that our front office staff are available every day and will do their best to accommodate you. Booking an appointment is essential to ensure all patients receive the time they require for quality medical care. After hours care for urgent matters will be provided by the on-call physician, who can be reached by calling our office directly.

As your primary care physician, we work collaboratively with Emerson Hospital and a wide range of Emerson Hospital physician specialists to coordinate all aspects of our patient care including inpatient hospitalization and specialty consultation care, as needed.

Before your visit with Dr. Fanucci, **please notify your health insurance company of your new primary care provider.** We also request that you contact your previous physician and specialists and request that a copy of your medical records be sent to us via mail. If your former providers are affiliated with Emerson Hospital this should not be necessary. If you are asked to have bloodwork for your appointment, please make sure this service is covered with your insurance company.

**Please fill out the enclosed forms and bring them with you to your appointment scheduled on \_\_\_\_\_.** Please bring your health insurance identification card as well as a photo I.D.

**Please also bring a complete list of your medications, as well as the dose of each one.**

Once again, we would like to thank you for choosing us as your primary health provider. We look forward to working with you.

Sincerely,  
Compassionate Care

## Compassionate Care

9 Mill and Main Place, Suite 101, Maynard, MA 01754

Ph: 978-823-0023 Fax: 978-823-0000

## Patient Registration

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Contact By: Phone Paper Email Email: \_\_\_\_\_ Sex: M F

Marital Status: Single Married Divorced Widowed Separated Other SSN: \_\_\_\_\_

Race: Black Hispanic Native American Oriental/Asian White Other Language: \_\_\_\_\_

Chinese Filipino Native Hawaiian Multiracial Pacific Islander Japanese

Employment Status: Full-Time Part-time self-employed Retired Student Unemployed Other

A copy of your insurance card will be made at the time of your appointment, please complete bottom portion only if your insurance card cannot be brought to your appointment.

Responsible Party (Party responsible for payment): Self Spouse Parent Other

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Insured Party: Self Spouse Parent Other Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Insured Party: Self Spouse Parent Other Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

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Karen Fanucci M.D.

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Maynard MA, 01754

Phone: 978-823-0023  
Fax: 978-823-0000

**Patient**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**E-mail for Portal Access:** \_\_\_\_\_

## **Notice of Privacy Practices**

Acknowledgement and Consent

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the medical group listed above, and how I may obtain access to and control of this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related, alcohol and substance abuse treatment, mental health and genetic information from my Health Care Provider. By signing below, I consent to the use and disclosure of my health information to treat me and arrange for my medical care, to seek and receive payment for services given to me, and for the business operations of the medical group, its staff, and its business associates.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Financial Policy Agreement**

I understand that any and all co-payments or deductibles may apply to my care and give Compassionate Care permission to bill any uncovered expenses to me directly.

\_\_\_\_\_  
**Signature of Patient or Health Care Proxy**

\_\_\_\_\_  
**Date**

# Compassionate Care

Karen Fanucci M.D.

## Medical Information Release Form

Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I authorize the release of medical information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

Spouse \_\_\_\_\_

Phone # \_\_\_\_\_

Parent(s) \_\_\_\_\_

Phone # \_\_\_\_\_

Children \_\_\_\_\_

Phone # \_\_\_\_\_

Other \_\_\_\_\_

Phone # \_\_\_\_\_

**Information is not to be released to anyone.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

This Release of Information will remain in effect until terminated by me in writing

## Massachusetts Immunization Information System (MIIS) Fact Sheet

The MIIS is a statewide initiative to track immunizations for you and your children. Immunizations that are tracked include the flu, measles, chickenpox, tetanus, and other diseases. The goal is to keep up-to-date and accessible vaccine records for physicians, schools, or in case of a medical emergency.

### What is the MIIS, and how will it help me?

- A repository of basic immunization information for people who live in Massachusetts.
- A secure and confidential system for appropriate medical use for people of all ages, not just children.
- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don't miss any shots or get too many.
- Allows you to print a vaccine record when you need it (i.e. new physician, child starts school or camp)

### Why is this important?

Vaccines can be complicated and can require multiple administration to be effective. The MIIS:

- Helps your healthcare provider keep track of which shots are due and when they should be given.
- Keeps all your immunization records together for you, your family, and your healthcare provider.
- Helps prevent outbreaks of diseases like measles and the flu in your community.
- Keeps shot records safe during natural disasters such as flooding or hurricanes.

### What information is kept in the MIIS, and how is it collected?

- Information is sent to the MIIS system when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family's records if they are not already in the MIIS.
- A list of shots that you or your children have received as well as any that you or your children will need to get in the future.
- Information needed for safe and accurate immunization of each patient, such as name, date of birth, gender, mother's maiden name (for children), address, phone number, and provider office where each shot is given.

### Who has access to my records?

- The department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
  - Healthcare providers or others ensuring appropriate immunizations, as authorized by DPH.
  - Schools and local boards of health
  - DPH, including the WIC program, and other state agencies or programs that provide education and outreach about vaccines to their clients.
  - Public Health research specially approved by the Commissioner of Public Health.

### What if I don't want to participate?

- To opt out you need to ask your provider for the "Objection or Withdrawal of Objection to Data Sharing" form.
- If you opt out, doctors, schools, and Emergency Rooms will not have access to the complete record of vaccines.
- If you choose not to share your information, only your current healthcare provider will be able to see the shots they have given to you or your children at that location of care.

### How can I get more information?

Visit the MIIS website at [www.mass.gov/dph/miis](http://www.mass.gov/dph/miis), call MIIS directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.

Patient Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_



## PATIENT CONSENT FOR MASS HIWAY

The Massachusetts Health Information Highway (Mass HIway) is the secure statewide computer network that allows for the electronic transfer of medical information between healthcare providers that is intended to improve the quality and safety of patient care. I have received and had an opportunity to review the "Mass HIway: Fact Sheet for Patients" provided to me by a physician practice affiliated with Emerson Hospital and Emerson Physician Hospital Organization (the "Practice"). I hereby give the Practice permission to use Mass HIway to:

1. Request, send, and receive my medical information from and to my other providers who also use the Mass HIway. I understand that this information may include information about mental health, HIV test results, sexually transmitted diseases, domestic violence, sexual assault, substance abuse records, reproductive health concerns and genetic testing results.

2. Send to the Mass HIway my name, date of birth, gender, email, home address, phone number, and medical record number so that my other providers using Mass HIway know I received care from the Practice and can ask for my medical information when needed for my care.

3. I understand that I may withdraw my permission for the Practice to share information ("Opt-out") at any time by submitting a request in writing. The Opt-out notice can be sent to the Practice.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Patient or Patient's Legal Representative

\_\_\_\_\_  
Date of Signature

(if applicable please print below)

\_\_\_\_\_  
Print Name of Patient's Legal Representative

\_\_\_\_\_  
Relationship to Patient

# Emerson Hospital Laboratory Locations

## EMERSON HOSPITAL MAIN CAMPUS

**John Cuming Building, 1st floor**  
**131 Old Road to Nine Acre Corner, Concord, MA**

- Monday – Friday: 7 a.m. – 7 p.m.
- Saturday – Sunday: 8 a.m. – 2:30 p.m.
- Park in lower lot. Parking will be validated upon check-in.

## EMERSON CENTER FOR SPECIALTY CARE

**54 Baker Avenue Extension, Suite 202, Concord, MA**

- Monday – Friday: 8:30 a.m. – 5 p.m. (closed 12:30–1 p.m.)

## FITCHBURG

**19 Pierce Avenue, Suite B, Fitchburg, MA. Enter at the Pediatrics West Office.**

- Monday – Friday: 9 a.m. – 5:30 p.m. (closed 12:30–1 p.m.)

## GROTON

**Groton Health Center, 100 Boston Road, Groton, MA**

- Monday and Friday: 6 a.m. – 5 p.m. (closed 12:30–1 p.m.)
- Tuesday, Wednesday, Thursday: 6 a.m. – 8 p.m. (closed 12:30–1 p.m.)

## BEDFORD

- 55 North Road, Bedford, MA  
Monday – Friday: 8 a.m. – 4:30 p.m. (closed 12:30–1 p.m.)

## SUDBURY

**490 Boston Post Road, Sudbury, MA**

- Monday – Friday: 8 a.m. – 4:30 p.m. (closed 12:30–1 p.m.)

## WESTFORD

**Westford Health Center, 133 Littleton Road, Route 110, Westford, MA**

- Monday – Thursday: 6 a.m. – 6 p.m.
- Friday: 6 a.m. – 5 p.m.
- Saturday: 8:30 a.m. – 1 p.m.