

# FAMILY HEALTH & SAFETY *Organizer*



# What are your family health risks?

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Although the majority of health risk is due to lifestyle choices, some families have an inherited risk of experiencing certain diseases. If you are aware of these increased tendencies toward a disease, you may be able to reduce the negative effect they have on your health by making lifestyle changes!

The **Family Health History** on pages 3 and 4 puts order to information about major illnesses, allergies, and other health problems that have occurred in people related by blood. Write down the names of the family members listed. Then follow the column under each name and mark any health problems this person has experienced. Use what you already know. Then ask other family members to share any health problems they know about the family so that you can make a record. You might choose to get this information at a family reunion. It is a great opportunity to recall past events, tell funny stories, and learn about family health issues. After you have marked all the problems, look for a “clump” of markings. A pattern of two or more close family members with the same health problem should alert you to the need for routine screening tests, medical care, and attention to healthy habits.

**There are two copies of the Family Health History  
for your convenience.**

**Share your Family Health History with  
your health-care provider.**

“People often inherit tendencies for specific diseases. Worry doesn’t prevent the diseases from developing, but healthy habits and good medical care can slow the disease process . . . perhaps until you don’t need good health anymore!”

Linda Patterson, R.N., M.S.N. Extension Health Education Specialist, Mississippi State University

# Family Health History

A family pattern is when two or more close family members have the same health problem. Find these patterns by scanning across each line.

Health Problems/Diseases:	Your Immediate Family						Your Mother's Family		Your Father's Family	
	Yourself	Mother	Father	Brother/ Sister	Brother/ Sister	Brother/ Sister	Grand- father	Grand- mother	Grand- father	Grand- mother
Corresponding Family Based Health Assets* (see page 5)										
Diabetes (Type I insulin dependent)										
Diabetes (Type II not insulin dependent)										
Cancer(s)										
High Blood Pressure										
Stroke										
Anginal/Heart Disease/Heart Attack										
Heart Failure										
Depression										
Mental Illness/Suicide										
Alcoholism/Drug Dependency										
Lung Disease/Emphysema										
Allergies/ Eczema										
Asthma										
Arthritis										
Osteoporosis/Dowager's Hump										
Scoliosis/Curvature of the Spine										
Birth Defects										
Childbearing Problems/Miscarriage										
Neuromuscular Diseases/MS										
Obesity										
Other:										

\*Assets 1, 2, 4, 5, 6, 7, 9, 10, 11, 13, 14 & 15 relate to all problems

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Health Problems/Diseases:	Corresponding Family Based Health Assets* (see page 5)	Your Immediate Family						Your Mother's Family		Your Father's Family	
		Yourself	Mother	Father	Brother/ Sister	Brother/ Sister	Brother/ Sister	Grand- father	Grand- mother	Grand- father	Grand- mother
Diabetes (Type I insulin dependent)	3, 26										
Diabetes (Type II not insulin dependent)	3, 18, 19, 20, 21, 22, 23, 24, 26										
Cancer(s)	15, 18, 19, 20, 21, 22, 24, 26										
High Blood Pressure	3, 18, 19, 20, 21, 22, 24, 26										
Stroke	3, 18, 19, 20, 21, 22, 24, 26										
Angina/Heart Disease/Heart Attack	18, 19, 20, 21, 22, 24, 26										
Heart Failure	18, 19, 20, 21, 22, 24, 26										
Depression	12, 24, 28										
Mental Illness/Suicide	14, 28										
Alcoholism/Drug Dependency	13, 14, 26, 28										
Lung Disease/Emphysema	18, 26										
Allergies/ Eczema	13, 14										
Asthma	18, 24, 26										
Arthritis	18, 24										
Osteoporosis/Dowager's Hump	18, 20, 24										
Scoliosis/Curvature of the Spine	18										
Birth Defects	13, 21, 22, 26, 27										
Childbearing Problems/Miscarriage	18, 23, 27, 28										
Neuromuscular Diseases/MS	16, 18										
Obesity	18, 19, 20, 21, 22, 23, 24, 28										
Other:											

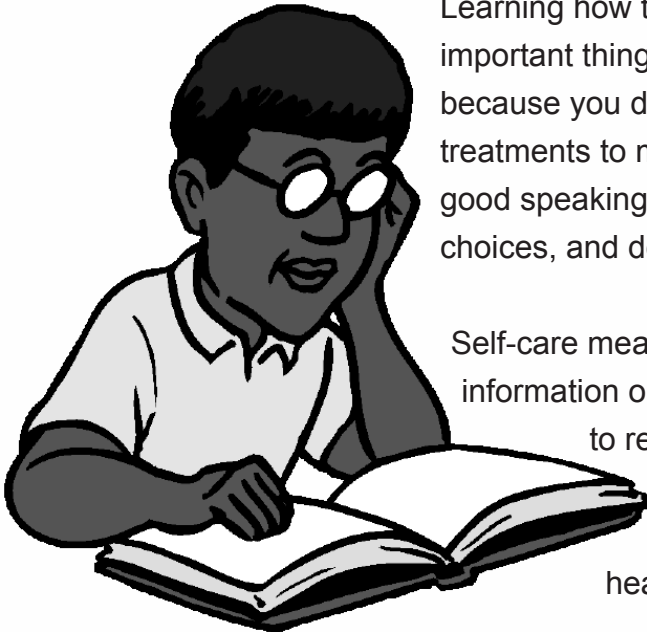
\*Assets 1, 2, 4, 5, 6, 7, 9, 10, 11, 13, 14 & 15 relate to all problems

# Family Based Health Asset Inventory

1. Each member of my family has had a health check up within the past year.
2. Each member of my family has had a dental check up within the past year.
3. Each member of my family has had a eye check up within the past two years.
4. Each member of my family has a written health record and history.
5. Each member of my family has adequate health insurance.
6. My family knows how and when to access community health services.
7. My family knows how and when to access mental health services.
8. My family has a first aid kit.
9. My family has emergency numbers posted near each phone.
10. My home has an operating smoke detector, fire extinguisher, carbon monoxide detector, and escape plan.
11. Each family member uses appropriate safety procedures and protective devices such as seatbelts, helmets, and eye or ear protection.
12. Family members who are not able to care for themselves are not left alone.
13. My family does not share prescription medications.
14. Each member of my family follows directions for use of medications.
15. Each family member protects his/her skin from sun damage.
16. Our home is free of peeling paint.
17. My family eats at least 5 meals together each week.
18. Each family member maintains a healthy weight.
19. Each family member eats foods that are low in fat.
20. Each family member eats at least 2 servings of dairy foods (milk, yogurt, cheese...) each day.
21. Each family member eats at least 2 servings of whole grain bread or cereal each day.
22. Each member of my family eats a total of 5 servings of fruits and vegetables each day.
23. Each member of my family drinks at least 6 glasses of water each day.
24. Each member of my family engages in a least 60 minutes of exercise each week.
25. Each member of my family washes hands and all surfaces before handling food.
26. No family member uses tobacco products.
27. Each sexually active member of my family participates in safe sex practices.
28. Each family member uses appropriate coping mechanisms, such as meditation, exercise, or talking with a caring friend.

# Self-Care

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Learning how to take care of your health is one of the most important things you can do. This may be easier than you think because you do not have to know all about diseases and their treatments to make good health choices. You will need to use good speaking and listening skills, learn how to make good choices, and develop assertive behavior with health professionals.

Self-care means knowing where to find research-based information on “preventative measures,” home treatments, how to recognize an emergency and when to use home treatment. It also means knowing when to see your doctor or nurse or when to talk with your health-care providers about medical decisions.

## Steps to good self-care:

- **Buy a self-care book to keep at home.** There are many self-care books from which to choose. Do some browsing and see which one you like best. Another good investment is an easy-to-use first aid handbook and/or participation in a first aid class.
- **Know the signs of an emergency.** Look these signs up in a self-care or first aid book **before** there is a crisis. If you have an emergency on your hands, it is too late to read about it!
- **Choose wisely the level of care you need.** Your doctor knows you and your medical history. His/her office has your records. This person is best equipped to advise you when you have an illness or injury. If the problem is an emergency, use the emergency medical system. (Call a rescue number or drive the person to a hospital emergency room.) If the injury or illness is not an emergency but is uncomfortable or likely to get worse, see a doctor at an urgent care center or after-hours clinic.

- **See other health care providers when you need a lot of information to prevent or manage a health problem.** They can be very thorough, easier to see, and less expensive than a doctor. Physical therapists, pharmacists, respiratory therapists, diabetes educators, patient education nurses, and dietitians are available with a doctor's referral.

- **Practice the steps to good self care:**
  - Make healthy choices if a problem occurs.
  - Observe and describe the problem.
  - Learn more about the problem and choices.
  - Make a plan.
  - Act on the plan.
  - Evaluate and make changes in the plan.

- **Make a first aid kit.** When an unexpected health problem or emergency occurs, it is most important to be prepared. Good first aid does not depend on having costly supplies. Keep the first aid kit simple. Also consider special family conditions, such as previous allergic reactions. Is there a first aid kit in your car, workplace, and home? The list under **Using Your First Aid Kit** (page 8) contains the most important items.



### **A good self care plan:**

Healthy choices.  
Home treatments.  
Usual healing time.  
How soon will treatments work?  
When to see the doctor.  
Signs of trouble.  
What can the doctor do?

# Home Health Center

## Essential Items

Self care book  
Family health records  
Thermometer  
Flashlight  
Moist heat pack,  
heating pad  
or hot water bottle  
Large, clean bandana  
Scissors  
Activated charcoal  
Hydrogen peroxide  
4 x 4 sterile gauze pads  
Triple antibiotic ointment  
Elastic bandage, 2 inches  
Ziplock bags  
(for ice)  
1-inch first aid tape  
Bulb syringe  
Tweezers  
Soap  
Disposable exam gloves  
Asprin,  
acetaminophen,  
and ibuprofen



## Convenient Items

Cotton balls  
Antihistamines  
Antifungal preparations  
Hydrocortisone cream  
Low sodium antacid  
Rubbing alcohol  
Baking soda  
Nasal decongestant  
Sunscreen

## Special Items

Blood pressure cuff  
Otoscope  
Stethoscope  
Anaphylactic shock kit  
Blood glucose monitor



# Using Your First Aid Kit

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<b>Large Bandana:</b>	Use to keep a broken bone or injured joint from moving in a splint or a sling, or to secure bandages.
<b>Scissors:</b>	To cut bandages or clothing.
<b>Activated Charcoal:</b>	First aid for some poisonings. Call Poison Control for advice before using activated charcoal. Ask about the correct dosage.
<b>Hydrogen Peroxide:</b>	Inexpensive cleansing and anti-infection agent.
<b>4 x 4 Gauze Pads:</b>	Use to clean and cover deep wounds or to cover an eye injury.
<b>2-inch Elastic Bandages:</b>	Elastic bandages can provide support and a reminder to take it easy on a joint. They also work better than tape to bandage a wound in a joint area.
<b>Ziplock Bags or Cold Packs:</b>	Fill with ice and apply cold to a recent injury. This will reduce bruising, swelling, and pain if applied correctly and soon enough. The first aid for painful injuries is RICE (rest, ice, compression bandage, and elevation.)
<b>1-inch First Aid Tape:</b>	Use to secure bandages or splints, or to make a butterfly closure for a clean cut.
<b>Bulb Syringe:</b>	Use to suction the nose and mouth when necessary to assist breathing. Flush a wound or the eye with water.
<b>Tweezers:</b>	Use to remove splinters.
<b>Soap and Water:</b>	To clean minor wounds, hands, or use water to flush toxic chemicals from the eyes or skin. Take bottled water for car first aid kits.
<b>Disposable Exam Gloves:</b>	Provides a barrier from germs and body fluids during first aid.

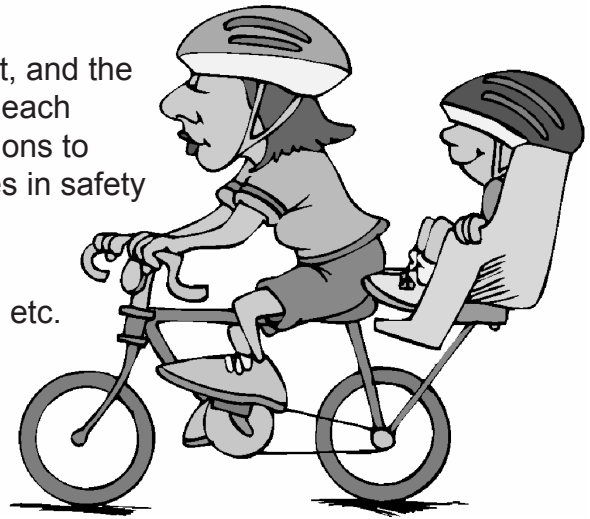
Take a first aid/CPR class. Your entire family should take at least one class. Your family will have the confidence and knowledge needed to take care of minor health problems yourselves. Call your local American Red Cross office, YMCA/YWCA, or your local hospital and ask when the next first aid/CPR class begins.

Plan ahead for common home health and first aid needs. If you keep supplies in one spot, you will be able to find them more easily. First aid supplies at home are included in the Home Health Center list on the previous page along with other essential and convenient supplies for special family needs. If your budget won't allow all of the items listed, buy the essential ones first.

# Safety Plans

It is a good idea to check home safety, safety equipment, and the need for training(s) in specific safety skills at least once each year. Use these checklists and other Extension publications to help you get organized and to check for needed changes in safety plans and equipment.

- Set specific times for each task, such as during a particular holiday season or when the time changes, etc.
- Mark the dates on a calendar.
- Use the lists for any necessary shopping, inspections, or appointment scheduling.
- Post emergency numbers and directions next to the phone. (Use the back of this booklet).
- Make a Home Health Center. (See page 10)



## Safety Equipment

- Fire extinguishers or large box of baking soda near the kitchen
- Rope or ladder for second story fire escape
- Smoke alarm(s) and batteries
- Carbon monoxide detectors
- Flashlight(s) and batteries
- Car supplies for safety (flares, help sign, blanket, maintenance and first-aid supplies)
- Helmets for bikes or motor vehicles
- Personal floatation devices
- Safety goggles
- Protective sports gear
- Protective ear gear

**Take courses such as the following to reduce hazards:**

Swimming	Hunter Safety
Lifesaving	First Aid
Boating	CPR Training
Bicycle Safety	

### **Bicycle Safety — Be sure that:**

- the bicycle is the correct size and in good repair;
- the biker wears a CPSC-certified helmet;
- the biker rides with traffic, not against; and
- the biker knows and obeys traffic laws.

### **ATV (all terrain vehicle) Safety — Be sure that:**

- there are no riders;
- all riders attend an approved ATV Rider Training Course;
- riders always wear helmets and other protective clothing; and
- ATVs are only used for “off road” riding.

### **Car Safety — Be sure that:**

- driver has valid license;
- driver is not drowsy, using drugs or alcohol;
- all riders use seat belts properly;
- all children use size appropriate car seats; and
- infants and children do not sit in front of an airbag.

# Assertiveness Basics

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Assertiveness is the art of speaking up for yourself to get what you want without stepping on others' toes. As an assertive person, you can learn to state your preferences in a way that others will take seriously.

Being assertive doesn't mean being bossy, cruel, offensive, or impolite. It simply means being clear about what you want and saying what you mean. It often means reaching a compromise.

However, the compromise isn't one you're forced into — you agree to it on the basis of what you want.

## Your Assertiveness Rights

You have the right to express your feelings.

You have the right to be treated with respect.

You have the right to live your life as you see fit.

You have the right to decide not to assert yourself.

# Doctor, Can We Talk?

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When you try to put order to your health records, you may find that you and your health-care provider do not talk easily.

Your doctor may seem too busy to answer questions in detail. Remember, you are the consumer. An important message to health-care providers is that you do not expect them to make decisions for you. But, you do want their expert advice. The health-care provider will usually appreciate your participation.

If you feel rushed or if your health-care provider interrupts you, use the following tips:

- Think carefully about what you want, and need, and write it down to take with you.
- Mention the most important concerns first!
- Describe your feelings about the subject, using “I” messages. Say “I feel upset” instead of “You upset me.”
- Listen carefully; respond honestly.
- Ask questions.
- Take notes.

## **IT’S OKAY TO SAY:**

What does that mean?

You seem rushed. When can I call you to talk more about this?

I still don’t understand.

# Medical Treatments & Tests

Some routine screening tests and physical exams are useful in finding serious illness early...when it can be treated best. To get the screenings you need, it usually takes planning and talking with your doctor or nurse.

Use the following list of questions if the doctor makes a new diagnosis or suggests tests or treatments:

- What if I do nothing?
- What do you advise?
- Why is it needed?
- How will it help me?
- What are the risks and costs?
- Will my insurance pay?
- Will I need to take time off work?
- What are the side effects? Which ones should I report to you?
- How will the results of the tests be helpful to you?
- How should I prepare for tests or treatment?



## The Second Opinion?

Some insurance companies require a second opinion from a doctor who is not “connected” to your doctor. You may also want another opinion from a doctor in the following situations:

- Your doctor doesn’t find out what’s wrong after three visits.
- He/she suggests surgery or other major treatment.
- You don’t feel confident (gut feelings count!).
- You have a rare or serious problem that your doctor doesn’t treat very often.
- You want to compare costs or other treatment options.
- Your doctor says your illness is emotional or “just nerves.”

# Medicines and Drugs

Taking any medicine, whether it is a doctor's prescription or sold over the counter, can be harmful . . . so can taking medicine the wrong way or not at all!

- Talk with the doctor, nurse, and pharmacist before taking a new medicine.
- Ask your doctor to print the name of the medicine and compare it with the label.
- Ask about any medicine that looks different from what you expect.
- Be sure you understand what the medicine does, how to take it, and what to do if there is a problem.
- Check your medicines regularly; flush outdated medicine down the toilet.
- Store medicines in a cool dry area, and in a locked cabinet if children are present.
- If medicines are to be taken away from home, ask the pharmacist for a separate, labeled container. Take only a small quantity with you and keep out of reach of children.



Your doctor needs to know what medicines you are taking. A list of both prescription and over-the-counter medicines will help you remember and will also help your doctor prescribe appropriately. Each family member needs a record with the medicine's name, amounts, how often, why the medicine is taken, and when you started taking it. (List medicines in the Family Health Record page 17) This will help you discuss medicines in an organized way.

## **Give the doctor, nurse, and pharmacist the following information:**

- Names and amounts of all your medicines, herbal remedies, vitamin supplements, alcohol and **all** drug use.
- Allergy or bad reactions to any medicines (An allergy to certain kinds of medicines may cause death, so it is important for your doctor to know if you or any of the members of your family have had allergic reactions to any type of medicine. When the doctor knows this, a different medicine can be used.)
- If you are pregnant or think you might be pregnant.

## **For any new medicines, ask these questions:**

- What is the name of the medicine?
- How important is this medicine?
- What is the medicine supposed to do?
- How soon will the medicine work?
- What time of day or night should the medicine be taken?
- What do I do if I miss a dose or two?
- How many times a day do I take the medicine?
- How should it be taken? - With foods?
- Is driving okay?
- What about the safety of alcohol use?
- How will it affect my other health problems or medicines?
- What are some common side effects?

**Studies indicate that half of all medicines are taken incorrectly.**

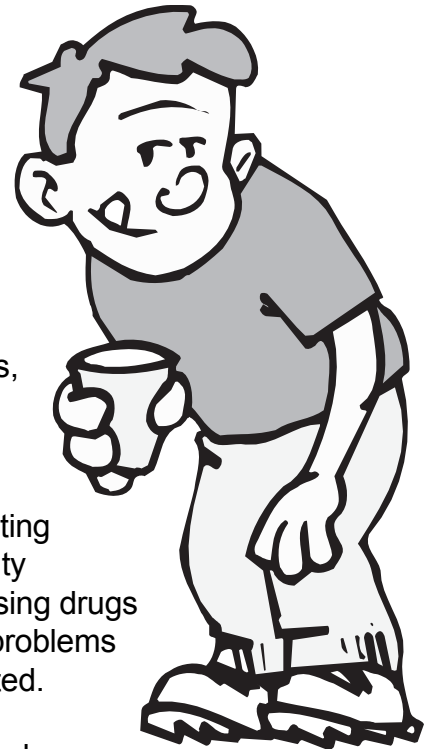
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### Report how the medicine is working:

- Any side effects or problems
- Any new symptoms, especially if you feel worse.

### Do You Drink?

The risk for developing alcoholism is influenced by a person's genes and his or her lifestyle. Many people think you must be an alcoholic to experience problems but alcohol abuse is just as harmful. It can cause you to miss work and school or taking care of your family. Serious alcohol abuse can lead to drunk driving arrests, car crashes, and death.



### Do You Use Drugs?

Those drugs that are most commonly abused are those used for treating chronic pain, anxiety and sleep disorders, attention-deficit hyperactivity disorder (ADHD), and obesity. If you are compulsively seeking and using drugs despite the negative consequences such as job loss, debt, physical problems brought on by the abuse, or family problems, you probably are addicted.

The enclosed self-test may be helpful as a tool to determine if alcohol or other drugs are a serious problem for you or someone in your household.

1. Have you felt you ought to cut down on your drinking/drug use?
2. Have people ever annoyed you by criticizing your drinking/drug use?
3. Have you ever felt bad or guilty about your drinking/drug use?
4. Have you had a drink or taken a drug first thing in the morning to steady your nerves or get rid of a hang-over (eye-opener)?



### For more information call:

**1-800-662-HELP (1-800-662-4357).**

For professional help, see your yellow pages under "Alcohol and Abuse" and "Addiction Information and Treatment."

A useful website for a variety of tobacco, alcohol and drug treatment questions is **[www.health.org](http://www.health.org)**.

# Protect Your Health — Get all your shots!

Several diseases can be prevented by vaccines (immunizations or shots). To protect your health, you must have had the vaccines before you are exposed to the bacteria or virus. You do not need to be an expert on immunizations, but you do need to ask the nurse or doctor to review a list of your shots at least once each year and write down what they give you.

Babies will need about seven doctor or clinic visits before they are two years old to be fully protected. After age two, a yearly review of shots is suggested for children as well as adults. Every vaccine is not necessary for every person, but the doctor or nurse shouldn't mind explaining why. Never assume that you have had "all the shots."



## Don't Get These Diseases!

Ask if you are fully vaccinated for the following diseases:

Polio	Tetanus
Chicken Pox	Whooping Cough
Measles	Hepatitis A
Mumps	Hepatitis B
German Measles	Influenza
Hib	Pneumonia
Diphtheria	

**Do shots scare you?** Some people are concerned with the safety of shots. Talk to your doctor about your fears. Your doctor will have the latest information.

**Note:** If you have your own list of shots and dates, it will help avoid problems with your medical records. Your list may be the best record if you move or go to more than one doctor or clinic. (See *Family Health Record*, page 17)



# Immunizations & Family Health Record

*Please use a pencil when filling this out. Update yearly.*

Ask your doctor or nurse for a copy of your families vaccine records:

Person's name					
DTaP					
Tetanus (DT) and Diptheria					
Measles, Mumps, Rubella (MMR)					
Polio					
Varicella (Chicken Pox)					
Hib					
Hepatitis B					
Hepatitis A					
Pneumonia					
Influenza (Flu)					
Medications and conditions					
Surgeries					
Allergies					
Other					
Other					

# Glossary of Health-Care Terms

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**Alcoholism:** Also known as **alcohol dependence**, is a disease that includes the following four symptoms: *craving*-a strong need or urge to drink; *loss of control*-not being able to stop drinking once drinking has begun; *physical dependence*-withdrawal symptoms such as nausea, sweating, shakiness, and anxiety after drinking stopped; and *tolerance*-the need to drink greater amounts to get “high”.

**Allowable expenses:** The necessary, customary, and reasonable expenses that an insurer will cover.

**Allowed charge:** Term used by Medicare to define the amount of an expense it will consider for payment. For most procedures and services, Medicare pays 80 percent of this allowed charge.

**Average length of stay:** Measure used by hospitals to determine the average number of days patients spend in their facilities. A managed-care firm will often assign a length of stay to patients when they enter a hospital and will monitor them to see that they don't exceed it.

**Capitation:** Method of payment for health services. The insurer pays providers a fixed amount for each person served - regardless of how sick or healthy the patient is. Some HMO's pay monthly capitation fees to doctors. This is often referred to as a per member per month amount.

**Co-insurance or co-payment:** The portion of the bill for medical service that must be paid by the patient. Co-insurance refers to the percentage, usually 20 percent, of the doctor's charge the patient must pay. Co-payments are stated as flat amounts, for example, \$5 per office visit.

**Deductible:** The amount that the patient must pay to the doctor or hospital directly before the insurance plan begins paying for benefits. Usually this amount must be paid each year. An example is the \$100 annual deductible for doctors' services under Medicare.

**Diagnosis-related groups (DRGS):** A method of reimbursing doctors and hospitals based on the medical diagnosis for each patient. This system was developed by the federal government to determine what prices to pay hospitals for patients covered by Medicaid/Medicare. The amount to be received by the hospital is set in advance based on the length of time patients with a given diagnosis are likely to stay in the hospital. Even if the patient stays longer, the hospital is not paid more. Also called prospective payment system.

**Drug abuse and addiction:** Defined as a chronic, relapsing disease characterized by compulsive drug seeking and use and by certain chemical changes in the brain. Prescriptive and over the counter drugs can also be abused and misused.

**Employee Retirement Income Security Act (ERISA):** Federal law that establishes uniform standards for employer-sponsored benefit plans. The law effectively prohibits states from changing health-financing arrangements without permission from the federal government.

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**Fee-for-service:** A method doctors use to charge for their services. Doctors set their own fees for each service or procedure they perform. Until recently, most health care was provided by this means, and as a result, fee-for-service is often referred to as traditional medicine.

**Fee schedule:** Maximum dollar amounts that are payable to health care providers. Medicare has a fee schedule for doctors who treat Medicare patients. Insurance companies have fee schedules that determine what the companies will pay under their policies.

**Generic:** A drug that is the same as a brand name drug in dosage, safety, strength, administration, quality, performance and intended use. For example, ibuprofen is the **generic name** for MOTRIN®.

**Health alliance:** Some health reform proposals called for the formation of consumer alliances. These groups represent a large number of health care customers (individuals and businesses) and were to negotiate for the best prices from insurance companies. Health insurance purchasing groups, health plan purchasing cooperatives, and health insurance purchasing corporations are other names given to these groups.

**Health Maintenance Organization (HMO):** A prepaid, organized health care plan. People enroll in the HMO and receive services only through a group of affiliated doctors and other providers. Benefits are often comprehensive. Co-payments, if any, are usually small.

**Hospice care:** Hospice is a special concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.

**Long-term care:** On-going maintenance, custodial, and health services to the chronically ill, disabled, or retarded. This includes nursing home and home-health care.

**Managed-care:** A general term for any system of health care delivery organized to improve cost-effectiveness. It includes arrangements with doctors and hospitals to supply health care services to members for a set fee, criteria for the selection of health care providers, and financial incentives for members to use specified doctors. Managed care includes formal programs to monitor the amount of care and quality of services. The most common form of managed care is an HMO.

**Medicaid:** Medical assistance program that provides coverage for some low-income persons and families for acute care and long-term care. It is financed at least 50 percent through federal funds with the remainder being financed by the state. The program is administered by states within broad federal guidelines. As a result, coverage and benefits vary widely from state to state.

**Medicare:** A federal program providing health insurance coverage for virtually all persons age 65 and older and some severely disabled persons under age 65. It consists of Part A, Hospital Insurance (HI) and Part B, Supplementary Medical Insurance (SMI), which covers doctor visits and some other outpatient supplies/services, Part C, Medicare Advantage, which allows a person to choose their provider/network, and Part D, Prescription Drug Benefit Program.

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**Medigap insurance:** Private health insurance policies designed to supplement Medicare coverage. Benefits may include payment of Medicare deductibles, co-insurance, balance bills, and payment for services not covered by Medicare.

**Network:** A selected group of physicians, hospitals, laboratories, and other health care providers who participate in a managed-care plan's health delivery program. Providers agree to follow the plan's procedures, submit to monitoring of their practices, and provide certain negotiated discounts in exchange for a guaranteed patient pool.

**Out-of-pocket maximum:** The upper limit that an insured person must pay for the treatment of illness and injury before the insurance company begins to pay 100 percent of the charges. This amount includes deductibles and co-payments. If a patient uses in-network providers, the out-of-pocket maximum is usually lower. If an individual chooses to go to out-of-network, the maximum could be much higher.

**Outpatient/inpatient:** A description of health care services based on whether the person receiving the services has been admitted ("inpatient") to a hospital or not.

**Point of Service (POS):** Sometimes called open-HMO's, these plans have built in options that allow people to seek care outside of their "network." When going outside of the plan, individuals are typically reimbursed at a reduced rate.

**Pre-existing condition:** A health ailment that the insured person had before purchasing insurance. Generally, pre-existing conditions are not covered by insurance policies. For example, if you had a chronic heart condition before taking out a health insurance policy, ailments resulting from the heart condition would not be covered by your insurance.

**Preferred Provider Organization (PPO):** A network of doctors, hospitals, and other providers that work together to provide services at prearranged prices. Many PPOs do not have assigned primary physicians. As a result, someone who enrolls in the plan can use any provider within the network. Out-of-network doctors can be used, but this practice is discouraged, and the individual will have to pay a much greater share of the cost.

**Premium:** The monthly fee paid by consumers to the insurance plan for coverage. It does not include deductibles and co-payments. For many employed individuals, the premium is shared between the employer and employee.

**Prenatal care:** Services to pregnant women designed to ensure that both the mother and the newborn remain healthy.

**Preventive health services:** Services aimed at preventing a disease from occurring or minimizing its consequences. Preventive services include immunizations; early and periodic health screening for such diseases as cancer and heart disease; and education and consultation related to lifestyle changes, such as nutrition, exercise, tobacco use, and stress management.

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**Primary physician:** A primary care physician in a managed-care plan who is responsible for monitoring a patient's care and deciding when specialized care or tests are needed. Much like the traditional family doctor, the primary physician knows the complete medical history of the patient, makes the initial diagnosis, and advises the patient on further treatment.

**Provider:** Any health care professional or institution that renders a health service or provides health care. Most often, providers are considered to be hospitals, nursing homes, physicians, nurses, and nurse practitioners. However, others such as dentists, physician assistants, dietitians, and physical, occupational, and speech therapists are also important providers.

**Trade name:** Also known as the brand name, a drug that has been produced and marketed exclusively by a particular company or manufacturer. For example, PROVENTIL and VENTOLIN are the trade names for Albuterol.

**Uncompensated care:** Free care provided by doctors and hospitals for which no reimbursement or payment is made.

**Under-insured:** Health insurance policies vary in the degree to which hospital and other medical costs are covered. Some plans cover only hospitalization and critical medical care. Some require co-payments and/or have large deductibles. Persons are under-insured if they must pay most of their health care costs.

**Uninsurable:** Term that refers to those persons whom an insurance company does not want to insure, usually because of multiple risk factors or existing bad health.

**Usual, Customary, and Reasonable (UCR):** Amounts charged by health care providers that are consistent with charges from similar providers for the same or nearly the same services in a given area. For example, because most providers charge \$X for heart surgery, an insurance company will only pay \$X for heart surgery - anything over that amount must be paid by the patient.

**Utilization Review (UR):** A general term for an insurance plan's review of the health care provided to its members. This includes such activities as granting prior approval before doing certain medical procedures; coordinating a patient's care and rehabilitation once the patient has left the hospital; and making decisions about whether a second opinion is necessary for a surgical procedure.

**Well-baby care:** Services provided in the first months of the newborn's life to identify and deal with any specific problems and to prevent problems from occurring.

Health Care Glossary of Terms. Ronald C. Young, Extension Specialist, Local Government and Rural Health Policy, and Nick Mills, Extension Assistant, Agricultural Economics. 1993. Manhattan, KS: USDA Cooperative Extension Service, Kansas State University. Adapted by Gail Carlson, Extension Health Specialist, University of Missouri-Columbia, and Linda Patterson, R.N., M.S.N., Extension Health Education Specialist, Mississippi State University Extension Service.

Adapted for use in Kentucky by Vivian Bibbs, MPH, former Extension Health Specialist, Kentucky State University and Janet Kurzynske, Ph.D., R.D., Extension Food and Nutrition Specialist, University of Kentucky. 2002.

# Patient's Bill of Rights

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The Patients' Bill of Rights and Responsibilities has three goals: to strengthen consumer confidence that the health care system is fair and responsive to consumer needs; to reaffirm the importance of a strong relationship between patients and their health care providers; and to reaffirm the critical role consumers play in safeguarding their own health. The Commission articulated seven sets of rights and one set of responsibilities:

- 1. The Right to Information.** Patients have the right to receive accurate, easily understood information to assist them in making informed decisions about their health plans, facilities and professionals.
- 2. The Right to Choose.** Patients have the right to a choice of health care providers that is sufficient to assure access to appropriate high-quality health care including giving women access to qualified specialists such as obstetrician-gynecologists and giving patients with serious medical conditions and chronic illnesses access to specialists.
- 3. Access to Emergency Services.** Patients have the right to access emergency health services when and where the need arises. Health plans should provide payment when a patient presents himself/herself to any emergency department with acute symptoms of sufficient severity "including severe pain" that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumer's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- 4. Being a Full Partner in Health Care Decisions.** Patients have the right to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. Additionally, provider contracts should not contain any so-called "gag clauses" that restrict health professionals' ability to discuss and advise patients on medically necessary treatment options.
- 5. Care Without Discrimination.** Patients have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. Patients must not be discriminated against in the marketing or enrollment or in the provision of health care services, consistent with the benefits covered in their policy and/or as required by law, based on race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.
- 6. The Right to Privacy.** Patients have the right to communicate with health care providers in confidence and to have the confidentiality of their individually-identifiable health care information protected. Patients also have the right to review and copy their own medical records and request amendments to their records.

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- 7. The Right to Speedy Complaint Resolution.** Patients have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.
- 8. Taking on New Responsibilities.** In a health care system that affords patients rights and protections, patients must also take greater responsibility for maintaining good health.

While many of the protections articulated in the Bill of Rights are most relevant to individuals in managed care, such as those related to choice of providers and access to specialists, other protections such as complaints and appeals apply to beneficiaries not enrolled in managed care. Some specific rights include information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health information, complaints and appeals.

Adapted for use in Kentucky from the United States Department of Health and Human Services, The Patients' Bill of Rights in Medicare and Medicaid, April 1999.

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# Emergency Telephone Numbers

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Please use a pencil when filling this out. Update as needed.

Ambulance/Rescue \_\_\_\_\_

Fire \_\_\_\_\_

Police \_\_\_\_\_

Poison Control 1-800-222-1222 (National Number) \_\_\_\_\_

Agricultural Emergency \_\_\_\_\_

Pediatrician \_\_\_\_\_

Family Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Other \_\_\_\_\_



**Directions to your house:**  
(Address, landmarks, etc.)

## Health Insurance Information:

Insurance Company \_\_\_\_\_ Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Company Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Company Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Group Number \_\_\_\_\_