

Middlebury Family Health  
44 Collins Drive Suite 201  
Middlebury, VT 05753  
P) 802-388-1500  
F) 802-388-0441

Eileen Doherty-Fuller, MD  
Katie Miller, MD, Linn Larson, MD  
Jean Andersson-Swayze, MD  
Wendie Puls, MD, Peter Wilhelm, MD

Welcome to Middlebury Family Health.

As a new patient, please plan to spend up to 1 hour in our office for the initial office visit. The doctor will review your medical history and perform a physical examination.

Included in this packet are all the necessary forms needed for your initial visit. **The contents of the packet and all previous records must be received within one week of receiving packet.** This requirement helps minimize your waiting time and assures that all necessary medical record information can be processed to the doctor. Please be sure to complete the Authorization to Receive Records form included in your packet. The packet can be dropped off at the office, mailed to: Middlebury Family Health Attn: Medical Records, 44 Collins Drive STE 201, Middlebury VT 05753. You may also fax to: 802-388-0441 Attn: Medical Records.

**PLEASE BE ADVISED WE WILL NOT CONSIDER PRESCRIBING NARCOTICS** without thorough review of your old medical records and speaking to your previous physician first. You will therefore need to get your old records to us prior to your initial visit.

### **WHAT TO BRING WITH YOU TO YOUR APPOINTMENT**

- 1) Medical insurance card(s) if applicable
- 2) A list of questions and/or concerns for the Doctor and his/ her staff to answer
- 3) Your method of payment, we accept cash, checks, and visa/master card & Discover

If your insurance plan requires a co-payment associated with office visits, we ask for that to be paid at the time of your appointment. If you do not have insurance coverage, we ask that you pay in full at the time of your visit. For your convenience we offer check, cash, Visa, Master Card & Discover as payment options. Our practice provides equal access to all of our patients regardless of source of payment.

We look forward to seeing you on \_\_\_\_\_ @ \_\_\_\_\_.

Two days prior to your visit you will receive a reminder call to confirm your appointment. Should you need to cancel or reschedule your appointment for any reason, please give **24-hour notice.** **We ask that you arrive 15 min early to check in for the first time.**

Please feel free to contact the office with any questions.

Thank you for choosing Middlebury Family Health.

**I have read the above and agree to the terms:**

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

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## PATIENT AUTHORIZATION FORM TO RECEIVE RECORDS

I hereby authorize \_\_\_\_\_ at the following address:

\_\_\_\_\_ to release my health record or the specific information described below only to the parties described below.

### SPECIFIC INFORMATION TO BE RELEASED:

All Records (may include all of your records including **medication list, problem lists, immunizations and any other pertinent records**. In addition it may include mental health notes, alcohol/drug abuse, STD, HIV, and genetic testing)

Other: \_\_\_\_\_

### REASON FOR RELEASE:

- |                                                   |                                                              |
|---------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Relocating               | <input type="checkbox"/> Changing Physician due to insurance |
| <input type="checkbox"/> Legal Request            | <input type="checkbox"/> Insurance Company                   |
| <input type="checkbox"/> Disability Determination | <input type="checkbox"/> Dissatisfied with my Care           |
| <input type="checkbox"/> Other: _____             |                                                              |

### INFORMATION BEING RELEASED TO:

Middlebury Family Health	Phone: 802-388-1500
44 Collins Drive, Suite 201	Fax: 802-388-0441
Middlebury, VT 05753	

This authorization shall remain in effect from the date signed below until: \_\_\_\_\_  
(Expiration date or event)

Middlebury Family Health does not require completion of this form as a condition of evaluation or treatment. However, when the requested evaluation or treatment is solely for the purpose of creating a medical report for a third party, it may result in the cancellation of those services. (If authorization to release the information to that third party is not provided).

I understand that I may inspect or copy my PHI (protected health information) to be released. I may revoke this authorization in writing by contacting this office. Information sent may be subject to re-disclosure by the recipient and no longer be protected by HIPAA.

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to patient if not signed by patient: \_\_\_\_\_

<b>Patient Name:</b>	<b>Age:</b>	<b>DOB:</b>
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<b>Mailing Address:</b>	<b>Male or Female</b>
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<b>City, State, Zip:</b>	<b>E-mail:</b>
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<b>Home Phone:</b> <input type="checkbox"/> Check If Daytime Phone	<b>Work Phone:</b> <input type="checkbox"/> Check If Daytime Phone	<b>Cell Phone:</b> <input type="checkbox"/> Check If Daytime Phone
-----------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------

<b>(If Under 18) Mother's Name:</b> <input type="checkbox"/> Check if Emergency Contact	<b>(If Under 18) Father's Name:</b> <input type="checkbox"/> Check if Emergency Contact
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

<b>(If Applicable) Legal Guardian:</b> <input type="checkbox"/> Check if Emergency Contact	<b>(If Applicable) Foster Parent(s):</b> <input type="checkbox"/> Check if Emergency Contact
-----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

<b>Primary Insurance Name:</b>	<b>Policy Holder &amp; DOB:</b>
<b>ID Number:</b>	<b>Group #</b>

<b>Secondary Insurance Name:</b>	<b>Policy Holder &amp; DOB:</b>
<b>ID Number:</b>	<b>Group #</b>

<b>Third Insurance Name:</b>	<b>Policy Holder &amp; DOB:</b>
<b>ID Number:</b>	<b>Group #</b>

**AUTHORIZATION FOR ASSIGNMENT OF BENEFITS**

I request that payment of authorized medical benefits be made on my behalf to Middlebury Family Health for any services furnished to me, including physician services. I authorize any holder of medical information about me to release my insurance carrier or intermediaries any information for this or a related claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Patient or legal guardian



# Adult Health Database

Center: \_\_\_\_\_

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

D.O.B. \_\_\_\_\_

Patient # \_\_\_\_\_

Date: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

Address \_\_\_\_\_

Birthplace \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Health Care Proxy/Durable Power of Attorney for Health Care \_\_\_\_\_ Phone # \_\_\_\_\_

### HOUSEHOLD MEMBERS:

Name	Age	Relationship	Name	Age	Relationship

**SOCIAL HISTORY** Education Level \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Sexual Orientation  heterosexual  bisexual  homosexual  other

Military History \_\_\_\_\_

Religion \_\_\_\_\_ Hobbies \_\_\_\_\_

**PERSONAL HEALTH HISTORY** List below, in date order, any hospitalizations, surgeries, transfusions/needlesticks, history of TB, major illnesses and/or accidents:

Nature of Problem	Date

### ADVANCE DIRECTIVE:

Are you familiar with advance directives?  yes  no  
 Have you prepared an advance directive, (living will, health care proxy)?  yes  no  
 Have you given us a copy of your advance directive to put in your medical record?  yes  no  
 In order for your provider to follow your directive, we encourage you to send us a copy.

### SAFETY

Do you regularly use:

Seatbelt  yes  no  
 Helmet (bicycle or motorcycle)  yes  no  
 Ear/Eye Protection (when needed)  yes  no  
 Sunscreen  yes  no  
 Are there smoke detectors in your home?  yes  no

Do you have guns in your home?  yes  no  
 Are you or have you been a victim of abuse?  yes  no  
 Would you like help?  yes  no

**MEDICATIONS**

What prescription and nonprescription medicines are you taking on a regular basis? (Include vitamins, aspirin, laxatives, birth control pills, injectables, alternative medicines etc.) Please bring prescription bottles with you at time of appointment.

Prescription Name	Dose	Frequency	Non Prescription Name	Dose	Frequency

**ALLERGIES/ SENSITIVITIES**

Are you sensitive to any medication or substance?  Yes  No  Don't Know

Drug Name	Reaction	Substance Name	Reaction

**PERSONAL HABITS****Tobacco Use/Exposure:**

- Do you smoke cigarettes?  No  Yes  
 what kind? \_\_\_\_\_ how much? \_\_\_\_\_ since when \_\_\_\_\_
- Do you want to quit?  Yes  No
- Do you chew tobacco?  No  Yes
- Did you smoke in the past?  No  Yes — date quit \_\_\_\_\_
- Are you currently exposed to second hand smoke?  No  Yes — where \_\_\_\_\_

**Substance Use:**

- Do you drink alcohol?  No  Yes  
 what? \_\_\_\_\_ how often? \_\_\_\_\_ how much? \_\_\_\_\_

If yes,

- has drinking ever been a problem in any area of your life? (family, work, driving, etc.)  No  Yes \_\_\_\_\_
- have you ever had a loss of memory or blackout while, or after, drinking?  No  Yes \_\_\_\_\_
- do you feel that your health would be better if you decreased or stopped drinking?  No  Yes \_\_\_\_\_

Have you ever used drugs such as steroids, marijuana or IV drugs?  No  Yes \_\_\_\_\_

Have you ever been treated for a drinking or a drug problem?  No  Yes \_\_\_\_\_

**Other:**

- Do you exercise regularly?  Yes  No If so, how? \_\_\_\_\_
- Do you use laxatives regularly?  No  Yes
- Do you have concerns about an eating disorder?  No  Yes
- Do you drink coffee, tea, or soda (caffeine)?  No  Yes — how much daily? \_\_\_\_\_

Do you follow a special diet such as:

- |                                                       |                                       |                                     |                                     |
|-------------------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> low cholesterol              | <input type="checkbox"/> high protein | <input type="checkbox"/> high fiber | <input type="checkbox"/> diabetic   |
| <input type="checkbox"/> low fat                      | <input type="checkbox"/> lactose free | <input type="checkbox"/> low salt   | <input type="checkbox"/> vegetarian |
| <input type="checkbox"/> other, please describe _____ |                                       |                                     |                                     |

**IMMUNIZATION STATUS**

Date(s) of Immunization or disease

Tetanus \_\_\_\_\_  
 Influenza \_\_\_\_\_  
 Hepatitis B series \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Pneumovax \_\_\_\_\_  
 Measles \_\_\_\_\_

Rubella \_\_\_\_\_  
 MMR (measles/mumps/rubella) 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 BCG (tuberculosis immunization) \_\_\_\_\_  
 Varicella (chicken pox) \_\_\_\_\_  
 Tb skin test \_\_\_\_\_  
 Other \_\_\_\_\_

**HEALTH MAINTENANCE**Please list the last date you had any of the following:

	DATE	RESULT
Physical/Health Maintenance Exam		
Eye exam		
Hearing exam		
Dental exam		
Cholesterol check		
Stool test for blood		
Sigmoidoscopy		
Pap smear		
Mammogram		

**GENITO/REPRODUCTIVE****Female:**

Age periods began? \_\_\_\_\_ How many days do your periods last? \_\_\_\_\_

How often do they occur? \_\_\_\_\_ When did your last period start (date) \_\_\_\_\_

If your period has stopped, give the year of your last period \_\_\_\_\_

Number of pregnancies \_\_\_\_\_ Number of births \_\_\_\_\_ Number of miscarriages \_\_\_\_\_

Number of elective abortions \_\_\_\_\_ Type of birth control used now \_\_\_\_\_

Did your mother take DES or hormones while pregnant?  no  yesHave you ever been treated for: venereal disease/sexually transmitted disease?  no  yes \_\_\_\_\_Have you had multiple sexual partners?  no  yesCurrently/ever have hormonal replacement therapy?  no  yes \_\_\_\_\_Have you ever had an abnormal pap?  no  yes \_\_\_\_\_Have you had a colposcopy?  no  yes \_\_\_\_\_Are you known to have cystic breasts?  no  yesHave you ever had an abnormal mammogram?  no  yes \_\_\_\_\_Do you regularly practice breast self examination?  yes  no

Do you feel you have a problem with any of the following? (Please specify briefly):

Heavy flow \_\_\_\_\_

Bleeding between periods \_\_\_\_\_

Bleeding or spotting after intercourse \_\_\_\_\_

Recurrent vaginal discharge or itch \_\_\_\_\_

Infertility \_\_\_\_\_

Menopausal symptoms \_\_\_\_\_

Premenstrual symptoms \_\_\_\_\_

Sexual function \_\_\_\_\_

**Male:**Do you perform testicular self exam?  yes  noHave you had multiple sexual partners?  no  yesHave you ever been treated for a sexually transmitted disease?  no  yes \_\_\_\_\_Have you had a vasectomy?  yes  no

Do you have a problem with any of the following?

Infertility  yes  noScrotum or testicles  yes  noDecrease in stream  yes  noProstate  yes  noImpotence/sexual function \_\_\_\_\_  yes  noNighttime urination \_\_\_\_\_  yes  noChange in pattern of urination \_\_\_\_\_  yes  no

**FAMILY HISTORY**

Family Health History		Living Age	Deceased Age Cause	Check if problem occurs in family	
Father				Heart Disease	Emotional Problem
Mother				High Cholesterol	Depression
Spouse				High Blood Pressure	Alcohol Use
Brother/Sister	1			Cancer	Suicide
	2			Diabetes	Seizures
	3			Thyroid Problem	Stroke
	4			Bleeding problem	Migraines
Children	1			Anemia	Mental Retardation
	2			Sickle Cell	Allergy
	3			Asthma	Glaucoma
Maternal Grandmother				TB	Kidney Disease
Maternal Grandfather				Gout	Ulcer
Paternal Grandmother				Arthritis	Other
Paternal Grandfather					

**Genogram (for your provider's use only)**

- Male
- Female
- or  Death
- or  Index Patient or Proband
- Two Normal Males
- Three Normal Females
- Four Births, Sex Unspecified or Unknown
- Spontaneous Abortion
- Induced Abortion
- Pregnancy - Child in Utero
- Dizygotic Twins
- Monozygotic Twins
- Adopted
- 35 Year of Birth
- David Name
- Age (or Year) at Death
- 30-43 Year of Birth and Death
- CA Cause of Death
- 1973 Separation and Year
- 1982 Not Married, Year Started Living Together
- 1985 Solid or Dashed Line Indicating Individuals Living Together
- Conflictual Relationship
- Distant Relationship
- Close Relationship
- Overly Close Relationship
- Dominant Relationship
- Marital Discord
- Marital Discord and Girlfriend
- Divorce - Mother has Custody of Two Girls
- 78 30 38 32 78 Married Couple Each with Multiple Spouses

- 1965 Marriage and Year
- 1977 Divorce and Year

## Middlebury Family Health

### Payment Policy

*Effective 01/02/17*

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions, and sign in the space provided. A copy will be provided to you upon request.

**1. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. If you do not have any insurance you will receive a 10% discount on your medical services. If you do not have any insurance and you pay in full at the time of service, you will receive a 20% discount.

**2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**3. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

**4. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**6. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**7. Nonpayment.** If your account is over 90 days past due, you will receive a letter requesting payment. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

**8. Missed appointments.** Middlebury Family Health requires that patients give us 24 hours notice prior to canceling appointments. Patients may be dismissed from the practice for habitually missing appointments. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

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Signature of patient or responsible party

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Date



# Patient Guide



Linn Larson, MD  
 Eileen Fuller, MD  
 Wendie Puls, MD  
 Katie Miller, MD  
 Peter Wilhelm, MD  
 Jean Andersson-Swayze, MD

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NCQA recognized Patient Centered  
 Medical Home

Meaningful Use Certified

## News!

**Check out our website:** [www.middleburyfamilyhealth.com](http://www.middleburyfamilyhealth.com)

Get to know us and our providers, pick up important forms and handouts, access the Patient Portal and many other items

**Patient Portal now available!**

**What is the Portal?**



MIDDLEBURY FAMILY HEALTH Portal

The MEDENT Patient Portal provides you with secure, online access to portions of your medical records, as well as an easy and convenient way to communicate with the practice through a secure internet connection

### Welcome Dr. Peter Wilhelm!

Dr Wilhelm joined us in August of 2016. Pete was born and raised in Pleasant Valley, NY. He holds a BA in Economics from Union College and a MS in Finance from Suffolk University. After several years working in the fields of finance and technology, he did his medical training at UVM's College of Medicine. He completed an internship at the Bremerton Naval Hospital in Washington, and spent four years working as a Naval Flight Surgeon in Southern California. He returned to Vermont to complete his residency training in Family Medicine at the University of Vermont Medical Center. He joined Middlebury Family Health in August 2016, and also works as a Flight Surgeon with the Vermont Air National Guard. He lives in Weybridge with his wife Dr. Jillian Brennan and their son. He enjoys spending time with family, hiking, biking, and telemark skiing.

## About Us:



**Directions:** From main street Middlebury head south and follow signs for Porter Hospital. Merge left onto South Street. Head South for about 1/4 mile and turn left onto Collins Drive. First driveway on the right

**Contact:** Main office: 802-388-1500  
 Press 2 for front desk or to schedule  
 Press 3 for medical records  
 Press 4 for referrals  
 Press 5 for office manager

### Hours:

Mon-Fri 8:00-5:00 pm

**Hours:** Mon-Fri 8:00-12:00, 1:00-4:00 pm

**For Billing Questions call:** 800-530-1140

## Our Services:

Preventive Care	Chronic Disease Care	Lab Services
Pediatric Care	Nutritional Counseling	Women's Health & Gynecological Care
Birth thru Geriatric Care	Diabetic Counseling	Evaluation & Mgmt of Chronic Conditions
Behavioral Health Care	Acute Care	Contraception Education and Services

## Survey Results 2016

	MFH		Nat'l Avg
1. Did you see your provider within 15 min of your scheduled appointment time?	74%	YES	47%
2. Did your doctor spend enough time with you during your appointment?	98%	YES	83%
3. Office staff always treated you with courtesy and respect.	93%	YES	86%
4. Provider explained things in an easy to understand manner	87%	YES	86%
5. Received a timely response to after hours calls	86%	YES	62%
6. Someone discussed goals with you	77%	YES	62%
7. Providers office sent reminders between visits about your tests or appointments	83%	YES	73%
8. Office gave information on getting care outside of normal office hours and holidays	85%	YES	72%

# PATIENT CENTERED MEDICAL HOME

Middlebury Family Health has been recognized since 2011 as a Patient Centered Medical Home; achieving a level 3 status each year. Level 3 is the highest recognized level

NCQA's Patient-Centered Medical Home(PCMH) is an innovative program for improving primary care. In a set of standards that describe clear and specific criteria, the program gives practices information about organizing care around patients, working in teams and coordinating and tracking care over time. The NCQA Patient-Centered Medical Home standards strengthen and add to the issues addressed by NCQA's original program.

As an organization representing a broad and diverse array of consumer interests, we believe the following should guide the development and implementation of the medical home model of care:

In a patient-centered medical home, an interdisciplinary team guides care in a continuous, accessible, comprehensive and coordinated manner.

- The patient is the center of the care team. Family members and other caregivers may also be a central part of the team.
- The care team includes professionals inside the medical office or health center, as well as clinical and non-clinical professionals in the community.
- The team provides initial and routine assessments of the patient's health status, and places a high priority on preventive care, care coordination and chronic care management to help patients get and stay healthy and maintain maximum function.
- The care team is led by a qualified provider of the patient's choice, and different types of health professionals can serve as team leader.

## What does this mean to you?

We work as a team with you to ensure you are receiving the best care. We offer true "Wrap around services" using local and non local health care providers and our free Community Health Team below:

### In house behavioral specialist:

**Matthew Couch, LICSW**

"As a Behavioral Health Professional in your doctor's office, I am available to meet with you and explore together how things can change for the better in your health and life".

### In house Dietician:

**Kathleen Vandeweert, RD**

"I can show you fundamental concepts of diet and nutrition and how they relate to your health".

### In house Care Coordinator/Referral Specialist:

**Tammy Nary, Care Coordinator/Referral Specialist**

**Ann Gorton, Referral Specialist**

"We will work with you to stay on track with appointments and referrals along with access to community resources. We will help you streamline appointments to save you time".



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## Medical Home Initiatives:

### **Diabetes - A1c > 9**

We run a report monthly to monitor patients with an A1c > 9 and make sure they have a follow up visit scheduled and a Care Plan is done annually

### **Hospital Discharges**

We run a report monthly that shows all patients who were discharged from the hospital. A nurse calls the patients to check on them, updates any medication changes, books a follow up appointment if necessary and then sends the information to the patients doctor for review.

### **ER Follow up**

We run a report monthly that shows all patients who went to the Emergency Room. A nurse calls the patients to check on them, updates any medication changes, books a follow up appointment if necessary and then sends the information to the patients doctor for review.

### **Annual Physical**

We run reports twice a year to pull a list of all patients who have not had an annual physical and send letters, call them or a portal message to remind them they are overdue for their annual physical

### **Triage Response time**

Annually we run a report and analyze our triage response time for incoming calls we receive from our patients. Goal is 1 day response time or 24-48 hours for prescription calls

### **Pneumonia Vaccination**

Annually we run a report that shows all patients > 65 who still have not had a Pneumonia Vaccine. We add an alert if they have an upcoming visit or we call or send a letter/portal message to have them come in for the vaccine

### **Diabetic Eye Exam**

Annually we run a report that shows all diabetic patients and if they had their annual diabetic eye exam. Any patients who have not had an eye exam are called or sent a letter

## **About Our Clinicians:**

### **Linn Larson, MD:**

"I was raised in Ridgewood NJ. I was eager to relocate to New England where I attended Dartmouth College with a BA in Political Science. I graduated from UVM Medical School and completed my residency in Tacoma Washington. I am married to Ren Barlow. We have two children in college and live in Middlebury".

### **Eileen Fuller, MD**

"I graduated from Boston College in 1978 and Jefferson Medical School in 1982. I completed my residencies in Family Medicine in 1985 and Pediatrics in 1987 at UVM and maintained Board Certification in both specialties. I have been on the Board at the Parent Child Center for over 20 years and currently I am on the Committee for the Blueprint for Health, promoting community collaboration in Health Care. I am married to Dr. Brad Fuller and I am a mother of 3 children".

### **Wendie Puls,**

"I was born and raised in Newton NJ. I attended the University of Maine in 1972 and Lehigh University in 1973 where I graduated with a BA in Chemistry. I graduated UVM medical school in 1982 and completed my residency at the Medical Center Hospital in Burlington, VT. I moved to Addison County in 1978 with my husband Kevin and two children".

### **Katie Miller, MD**

Katie Miller grew up in a big family in rural Maine and attended Grinnell College in Iowa where she majored in Anthropology and Biochemistry. She always wanted to be a doctor, but she also loves to wander and to learn about different cultures, so she spent several years traveling abroad and living in New York City before eventually attending medical school at UVM's College of Medicine. She completed her residency in Internal Medicine at Thomas Jefferson University Hospital in Philadelphia. After residency, she returned to Vermont, and is very happy to be practicing at Middlebury Family Health. She lives in Weybridge with her husband and daughter. She loves working with plants, making food and spending quality time with the people she loves.

### **Jean Andersson-Swayze, MD**

Jean Andersson-Swayze grew up abroad and lived in seven different countries before attending Middlebury College, where she found her home in Vermont. Both during and after college she volunteered with the Middlebury Ambulance and Addison County Hospice which piqued her interest in medicine. She did her medical training at the UVM College of Medicine and finding it hard to leave VT she completed her residency at Fletcher Allen. She joined Middlebury Family Health in 2009. She lives in Charlotte with her husband and three kids and in her free time dabbles in beekeeping, gardening and outdoor recreation.

### **Peter Wilhelm, MD**

Dr Wilhelm joined us in August of 2016. Pete was born and raised in Pleasant Valley, NY. He holds a BA in Economics from Union College and a MS in Finance from Suffolk University. After several years working in the fields of finance and technology, he did his medical training at UVM's College of Medicine. He completed an internship at the Bremerton Naval Hospital in Washington, and spent four years working as a Naval Flight Surgeon in Southern California. He returned to Vermont to complete his residency training in Family Medicine at the University of Vermont Medical Center. He joined Middlebury Family Health in August 2016, and also works as a Flight Surgeon with the Vermont Air National Guard. He lives in Weybridge with his wife Dr. Jillian Brennan and their son. He enjoys spending time with family, hiking, biking, and telemark skiing.

## Ask the experts:

- Q: I have a tick on me! I got it while hiking in the woods this morning. Do I have to come in and will I get Lyme Disease?
- A: If the tick is a deer tick and has been on/attached less than 24 hours, there is no risk of Lyme Disease. We recommend using the "Tick Off" device to safely remove the tick. If you are able to remove the tick, no office visit is needed



Please visit the following link to learn about ticks: <http://healthvermont.gov/prevent/zoonotic/tickborne/ticks.aspx>

## Snow Shoveling Safety Tips

Everyday run-of-the-mill snowfalls come with risk every year due to snow shoveling. Nationwide, snow shoveling is responsible for thousands of injuries and as many as 100 deaths each year.

The National Safety Council recommends the following tips to shovel safely:

1. Do not shovel after eating or while smoking
2. Take it slow and stretch out before you begin
3. Shovel only fresh, powdery snow; it's lighter
4. If you do lift it, use a small shovel or only partially fill the shovel
5. Lift with your legs, not your back
6. Do not work to the point of exhaustion

Don't pick up a shovel without a doctor's permission if you have a history of heart disease. If you feel tightness in the chest or dizziness, stop immediately and call 911. A clear driveway is not worth your life.



## Health Insurance Questions?

Get free local in-person help with a Vermont Health Connect Navigator. Insured Vermonters get experienced and professional help with their questions, issues, changes and exploring more affordable options. Uninsured Vermonters can get info on tax penalties and help with signing up for coverage. Please call today...

**Please call CVOEO at 388-2285 or email: [navigator@cvoeo.org](mailto:navigator@cvoeo.org)**

<https://www.cvoeo.org>

## A healthy recipe for you to enjoy from our Dietician

### Squash Corn Chowder

(Adapted from EatingWell.com)

"In this healthy corn chowder recipe, heavy cream is replaced with milk and flour-thickened chicken broth and we keep sodium amounts reasonable with lower-sodium broth. By making your own homemade creamy vegetable and corn chowder, you'll save up to 300 calories, 20 grams of saturated fat and 500 milligrams of sodium per serving compared to many store-bought or restaurant chowders."

### Ingredients

- o 3 tablespoons extra-virgin olive oil
- o 1 cup diced onion
- o 1 cup diced celery
- o ½ cup all-purpose flour
- o 1½ teaspoons dried marjoram
- o ¼ teaspoon salt
- o ¼ teaspoon ground pepper
- o 4 cups reduced-sodium chicken broth
- o 1 cup whole or 2% milk
- o 3 cups diced summer squash
- o 2 cups diced red potatoes
- o 1 cup corn kernels
- o ¼ cup diced ham
- o Sliced scallions for garnish (optional)
- o Shredded pepper Jack cheese for garnish (optional)

### Directions

1. Heat oil in a large pot over medium heat. Add onion and celery; cook, stirring frequently, until softened and beginning to brown, 3 to 6 minutes. Sprinkle flour, marjoram, salt and pepper over the vegetables and cook, stirring, for 1 minute more. Add broth and milk; bring to a gentle boil, stirring constantly.
2. Stir in squash, potatoes and corn; bring just to a simmer. Simmer, uncovered, stirring occasionally, until the potatoes are tender, 12 to 15 minutes.
3. Add ham and cook, stirring frequently, until heated through, about 2 minutes. Serve topped with scallions and cheese, if desired.

Serving size: about 1½ cups

Per serving: 237 calories 10 g fat(2 g sat); 3 g fiber; 28 g carbohydrates; 11 g protein; 86 mcg folate; 12 mg cholesterol; 7 g sugars; 0 g added sugars; 323 IU vitamin A; 25 mg vitamin C; 79 mg calcium; 2 mg iron; 737 mg sodium; 795 mg potassium

# PATIENT NON-DISCRIMINATION POLICY

**"Any individual shall not be discriminated against because of race, color, creed, religion, sex, age, sexual preference, national origin, citizenship, marital status, disability, veteran status or any other status or characteristic protected under applicable federal, state or local laws. Acts of and/or harassment based on any of those factors are totally inconsistent with our philosophy of doing business and will not be tolerated at any time."**

## **Affordable Care Act Grievance Procedure**

It is the policy of Middlebury Family Health not to discriminate on the basis of race, color, national origin, sex, age or disability. Middlebury Family Health has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Stacy Ladd, Practice Manager- Section 1557 Coordinator, 44 Collins Drive Suite 201 Middlebury VT 05753, 802-388-1500 x232, Fax: 802-388-0441, [sladd@middfam.comcastbiz.net](mailto:sladd@middfam.comcastbiz.net) who has been designated to coordinate the efforts of Middlebury Family Health to comply with Section 1557. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Middlebury Family Health to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

## **Procedure:**

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action. • A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Middlebury Family Health relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies. • The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or

phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Toll Free Call Center: 1-877-696-6775

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. Middlebury Family Health will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Dated: 10/13/16 **Stacy Ladd, Practice Manager**

### **Language Services:**

**ATTENTION:** If you speak language other than English, language assistance services, free of charge, are available to you at our office. Please call 802-388-1500 for more information

#### **Spanish:**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-368-1019 (TTY: 1-800-368-1019).

#### **Chinese:**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-368-1019

#### **French:**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-368-1019

#### **Bosnian:**

**OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite -Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-368-1019

#### **German:**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-368-1019

#### **Italian:**

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-368-1019

#### **Hindi:**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-368-1019 पर कॉल करें।

**Urdu:**

ن خبردار اگ: آر ارد پ بولت و نیہ ے ت، آ و ک پ زیبا و کن مد ی ک د خدما ی مفت ت یم ت ای دست ن ی ہ ب ن کا ل  
ی کر 1-800-368-1019

**Gujarati:**

પચુના: જો તમે ગજરાતી બોલતા હો, તો િન:પલ્કુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે. ફોન કરો 1-800-368-1019

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-368-1019

**Portuguese:**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-368-1019

**Japanese:**

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。まで、お電話にてご連絡ください。1-800-368-1019

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-368-1019

**Thai:**

เขียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-368-1019

**Arabic:**

ت انك ث اللغة ر فإ، خدما ن المساعدة ت اللغوي ة تتواف ة ل ر بالمجان ك اتص . برق ل م 1- xxx-xxx-xxxx ر ق م  
هات الص ف والبكم م: 1-800-368-1019 ملحوظة إذ: كن اتتحـ

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-800-368-1019 (телетайп: 1-800-368-1019)

**Nepali:**

ध्यान पदनुहोसः तपाइले नेपाल बोलनहन्छ भन तपाइको अनिम्त भाषा सहायता सवाहरु अनःशल्क रूपमा  
उपलब्ध छ । फोन गनुहोसर् 1-800-368-1019 (पटपटवाइ: 1-800-368-1019)