

# East Central Oklahoma Family Health Center, Inc.



## Patient Handbook

109 South Main  
Wetumka, Oklahoma

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Medical  
1102 West Main  
Henryetta, Oklahoma

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Dental  
217 South 5<sup>th</sup>  
Henryetta, Oklahoma

Updated July, 2014

# WELCOME TO

## The East Central Oklahoma Family Health Center, Inc.

*We want to make your experience with us as comfortable and convenient as possible.*

The East Central Oklahoma Family Health Center, Inc. (ECOFHC) is a private, non-profit Health Center providing comprehensive, primary, and preventive medical, dental and mental health services to families and individuals, regardless of the ability to pay.

*Main Phone: 405-452-5400;*

*Fax: 405-452-3000*

*Administration: 405-452-3151;*

*Administration Fax: 405-452-3310*

*Henryetta Medical Office: 918-652-9614;*

*Fax: 918-652-652-4831*

*Henryetta Dental Office: 918-652-3676;*

*Fax: 918-652-7612*

*Wetumka and Henryetta Hours of Operation: 7:00 a.m. – 5:00 p.m. Monday Through Friday*

*Wetumka: Tuesdays 7:00 a.m. to 7:00 p.m.*

*Henryetta: Thursday: 7:00 a.m. to 7:00 p.m.*

*Dental Clinics at both ECOFHC locations: Monday Through Thursday 7:00 a.m. – 5:30 p.m.*

*Closed for Lunch: 12:00 p.m. – 12:30 p.m.*

*The Dentist will be in Henryetta on Monday and Wednesday and in Wetumka on Tuesday and Thursday.*

Our site offers 24 hour coverage for ECOFHC patients. After regular hours (listed above) telephone the number at the center, and our answering system will give you the number to call in an emergency or refer you to the provider on call. The Hotline number is 866-865-2464.

**Absolutely NO SMOKING is allowed in our building or grounds. Thank you for your cooperation.**

### ECOFHC Mission Statement

*To provide affordable, high quality, patient-centered  
health care for East Central Oklahoma.*

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**TO OUR VALUED PATIENTS:**

The East Central Oklahoma Family Health Center, Inc. strives to provide high quality, affordable health care to the residents of our service area. Our doctors and staff are committed to keeping you and your family healthy, at rates that you can afford. If you have medical coverage, our staff will continue to file claims to your insurance company, Medicaid, SoonerCare, or Medicare on your behalf. If you think you might be eligible for Medicaid/SoonerCare our staff will be available to help you with the process. In order to continue with our current level of services, it will be necessary to collect the necessary fees from all of our patients when services are received. This includes the co-pay from Medicare and private insurance, as well as the minimum fee. **For patients who do not have any type of medical coverage, a Sliding Fee Scale Discount will be available for those who qualify. Our fees will to be discounted, based on family income and size. A minimum fee will be charged for each service performed. (Ex: office visit, lab, x-ray etc.)**

You may contact our Billing Department at 405-452-5400 if you have any questions regarding your fees.

The staff of the East Central Oklahoma Family Health Center, Inc. is appreciative of your ongoing support of our facilities, and we look forward to serving you and your family for all of your healthcare needs.

ECOFHC strives to meet patient needs by scheduling patients with a minimal wait time, however, at times wait time is unavoidable. Please be patient and the providers will see you as soon as possible.

If you have any questions, the following may be reached at 405-452-3151.

**Donna Dyer**  
Chief Executive Officer

**Sharilee Strickland**  
Chief Financial Officer

**Erin Chitwood**  
Chief Operating Officer

## REGISTRATION

In order to make your visit with us as smooth and quick as possible, it is necessary for you to telephone for an appointment. If your appointment is for a routine, lab or follow-up visit, you will need to speak with a receptionist. If you are calling for an urgent situation, you will be connected to our Nurse so that your health needs may be assessed quickly and your appointment may be made according to your needs.

Please bring a photo ID, insurance card, Medicare card, Medicaid card, medications, and your co-pay or minimum fee. The minimum fee is \$20.00 per office medical visit and \$30.00 per office dental visit. Additional charges may be added if additional services are received. These include but are not limited to injections, labs, x-rays, etc. Your picture will be taken to place in your electronic medical and dental records for verification purposes.

Please ask about our sliding fee discount.

If you are sick when the health center is closed, please call ECOFHC and follow instructions provided on what actions to take:

ECOFHC Wetumka	405-452-5400
ECOFHC Medical Henryetta	918-652-9614
ECOFHC Dental Henryetta	918-652-3676

**If in an emergency, please call 9-1-1!!**

### PLEASE NOTE:

If you must miss your appointment, please call and tell us as soon as possible so that time may be given to another patient.

**If you are more than 15 minutes late for an appointment, you may need to re-schedule. This is in order to keep our providers on schedule and avoid delays for other patients.**

You must make sure you bring your identification card to each visit if you are covered by Medicaid, SoonerCare, Medicare, or private insurance. Please let us know if your insurance carrier or insurance eligibility changes, or if you have a change of address, phone number(s), or other pertinent information that affects your account. Bring your children's immunization records to each of their appointments. **If you are taking medicine prescribed by another doctor, bring all medicine bottles with you to your appointment.**

You can make an appointment with the following providers at the locations listed below.

#### PROVIDERS

**Dr. Gary Lovell, D.O. (Medical Director) - Wetumka and Henryetta**  
**Dr. Robert Lovell, D.O. - Wetumka**  
**Steffanee Edwards, APRN - Wetumka**

#### DENTAL

**Dr. E. M. "Doc" Nelson, D.D.S. - Wetumka and Henryetta**

## Sliding Fee Discount Process

If you are interested in applying for a Sliding Fee Discount, please follow the instructions below. Please complete an application to apply for the Sliding Fee Discount.

The applicant must provide items (A& B). These documents are required.

- a. State ID or Driver's License or other government-issued picture ID
- b. Social Security Card;

Applicant must provide at least one of the items (c through g) for income verification. For all items except (b), a copy is made for the patient electronic health record.

- c. An unemployment check or stub;
- d. Social Security check or if on the direct deposit program, statement from the bank;
- e. A disability income check or stub;
- f. W-2 form for the most recent year;
- g. Pay check stub not more than 30 days prior to visit.
- h. Food stamps letter
- i. Other documentation showing income or lack of income

The SuccessEHS electronic health records will assign the appropriate discount code as follows:

S1 – Less than 100% FPL	\$20.00 Minimum payment only
S2 – 1-1% - 150% of FPL	70% discount off charges=Pay 30% charges (but not less than \$20.00 Minimum)
S3 – 151% - 200% of FPL	25% discount off charges = Pay 75% of charges
S4 Over 200% of FPL	Pay 100% of charges (No Discount)

### *Additional Important Information:*

- The Patient Representative will explain to the applicant the amount of fee reduction that they are qualified to receive and have them sign the Sliding Fee Scale Discount Application.
- The application and income verification must be updated at least once per year.
- If any of the information on the application changes, please update with the Patient Representative. This includes income, persons living in the household, address, phone number, etc. This may change your Sliding Fee Scale Discount.

## ECOFHC and KATS Transportation Voucher Program

To Apply for Transportation Voucher Card, the applicant must meet the following conditions.

- Must be a current patient of ECOFHC
  - Must apply and be approved for 100% Sliding Fee Scale Discount
  - Without other means of transportation
  - Patient Must live in the ECOFHC Service Area – Hughes, Okfuskee, Okmulgee Counties

This voucher card is valid ONLY for transportation from your home to ECOFHC and return for medical/dental or behavioral health appointments.

- Health Center – 109 South Main, Wetumka
- Medical Office - 1102 West Main, Henryetta

- Dental Office - 217 South 5<sup>th</sup>, Henryetta

This card will also allow a stop at Henryetta Drug or Okemah Pharmacy for prescriptions on the same day of appointment.

To use the Transportation Voucher Card you must present this voucher card to the KATS driver along with a picture ID for verification. The KATS driver will follow the following procedures.

- Your name, voucher card number and the date of your appointment will be logged by the driver after verification.
- This voucher card is valid for six (6) months.
- Patient must make own pick-up and drop-off arrangements with KATS.

*Additional Important Information:*

- If the Transportation Voucher card is lost, the patient can receive a replacement card with same expiration date. The patient must return to the original location for a replacement card.
- This Transportation Voucher card cannot be used by any other person. The KATS driver's log in must match the date of the appointment or the patient will be responsible for the ride.
- If a minor child is scheduled for an appointment, one adult is allowed to ride free.

## **HEALTH INSURANCE MARKETPLACE**

### **Finding the Coverage That Fits**

#### **THE AFFORDABLE HEALTH CARE ACT:**

- The Affordable Health Care Act (ACA) creates an easily accessible hub where consumers can compare health coverage options.
- Provides insurance options for low-income families, women, elderly, children and young adults.
- Requires insurance companies to thoroughly communicate their rates and the services they cover.
- Does not allow insurance companies to drop coverage because of pre-existing conditions or because policy holders become seriously ill.
- Uses tax credits to help make coverage more affordable for families.

#### **TO CREATE A MARKETPLACE ACCOUNT:**

<https://www.healthcare.gov/creating-an-account-and-logging-in>

#### **COMPARE POLICIES TO PURCHASE:**

The Marketplace is a "Hub" created by the government in which consumers can shop for health insurance coverage. These policies are designed to be accessible for various income levels.

The Marketplace is not a government healthcare insurance policy. Marketplace is made of companies that provide health insurance and have agreed to meet certain coverage requirements stipulated by the government. The policies in the Marketplace, meet federal guidelines.

#### **APPLY FOR TAX CREDITS:**

Health insurance companies offering coverage through the Marketplace may lower the amount you pay out of pocket for essential health benefits in certain plans if your household income is below certain income levels.

#### **AVOID PENALTIES:**

When filing a tax return, those who opt out of health care coverage could be required to pay penalties. Some households will qualify for an exemption from this penalty. Those who are requesting an exemption from this penalty may do so in the Marketplace.

#### **MORE INFORMATION:**

For more information on the Marketplace, ECOHFC has on staff an Outreach & Enrollment Specialist and a Certified Application Counselor to answer your questions and will help you navigate the website. Please call 405-380-7763 for more information and to set up an appointment.

## **BILLING, PAYMENT AND REFERRAL INFORMATION**

The East Central Oklahoma Family Health Center's ability to remain open and provide discounted services greatly depends on our ability to collect what fees we are required to charge, even when those fees are discounted.

**IN ORDER TO HAVE YOUR CHARGES DISCOUNTED IF YOU QUALIFY,  
YOU MUST BRING PROOF OF INCOME AT THE TIME OF VISIT.**

### Financial Responsibility:

- ECOFHC is committed to providing the best treatment for your patients, and we charge what is usual and customary of our area.
- Payment for services (insurance co-payment, the sliding fee discount or full payment) is required at the time of your visit. Cash, personal checks, debt or credit cards, money orders, or cashier's checks are accepted. All payments are due at the time of visit with the remaining balance added at the end of visit.
- If you have health insurance, including Medicare and/or Medicaid, we will file for reimbursement for the services provided. Your insurance policy is a contract between you and your insurance company.. You are responsible for knowing and understanding what services are and are not covered under your policy. If your insurance carrier denies any or all of the payment, for any reason, you will be responsible for the denied amount of the visit. You are required to notify staff immediately when insurance coverage changes.
- If you are uninsured, you may qualify for a discount. ECOFHC offers a "Sliding Fee" discount that calculates the fee discount based on the number of individuals in your household income (such as a recent income tax form). Based on the application and the information provided, the computer system will determine the amount of your discount. You will be required to re-qualify for our sliding fee discount at least annually.
- ECOFHC **is not a free clinic** and we must collect from all of our patients in order to continue to provide services to the community. We recognize, however that on occasion, our patients require financial assistant. An extended plan is available to patients who qualify. If you would like to apply for an extended payment plan, please ask at the receptionist for the correct procedure.
- Should you fail to comply with the above stated responsibilities, ECOFHC reserves the right to reschedule your visit, refer you to another practice or dismiss you from ECOFHC.

### Billing and Payment

ECOFHC provides services billed according to patient's ability to pay. After all sliding fee discounts are applied to charges, the patient is responsible for paying the remaining fees. ECOFHC is **not a free clinic**. Unwillingness to pay fees after discounts is cause to deny services in the future. We will be happy to assist any patient with a payment plan if necessary.

ECOFHC will begin electronic billing in June 2014. If you would like to receive your statement through email, please complete the form along with the Welcome Packet to give permission. A primary, current email address will have to be on file with permission from the patient/guarantor of the account.

**Please Note:** Because of the way ECOFHC's electronic system is set up, you could receive a statement from each service you use (i.e. medical, dental, behavioral health or at any location). Please look at the facility name and/or location at the top left hand corner of the statement to determine the service. ECOFHC is working on correcting this issue, however, it will take time. If you have any questions, please call the billing department at 405-452-5400.

### Referral Situations

ECOFHC is a **primary care clinic**. When a provider determines it is necessary to refer a patient to a specialist, the patient is responsible for that bill, and/or making payment arrangements with that provider. ECOFHC is not responsible for, nor has any control over, charges and fees occurring from referrals to other clinics.

### Lab and X-Ray

Some x-ray services are now offered in-house. ECOFHC does not have any control over the bill a patient receives for x-rays or the reading of x-rays from another facility. A hospital is required by law to have every x-ray evaluated by a radiologist, and that the radiologist's bill is separate from the services. We DO NOT cover: mammograms (unless you are given a voucher for services from a participating vendor by one of our providers), ultra sounds, echoes, CT scans, MRI services, or any diagnostic testing.

### Dental Procedures:

Because of the high cost of dental care, some dental procedures do not qualify for the Sliding Fee Scale Discount. You will be responsible for all charges accumulated after Medicaid, insurance payments or if you are a self-pay patient.

### Pharmacy Services:

An in-house 340B pharmacy is available in Wetumka. 340B prescriptions are available for patients who do not have insurance, Medicare or Medicaid. The Wetumka pharmacy also has a drive-through available to pick up prescriptions. The pharmacy will not distribute medications until they are paid for. Narcotics **ARE NOT** available at this pharmacy.

Beginning April 1, 2013, Henryetta Drug and Okemah Pharmacy will begin distributing 340B medications for East Central Oklahoma Family Health Center, Inc.

### Behavioral Health Services:

Behavioral Health Services are offered by appointment only. If you need these services, please discuss with the physician or nurse and they will refer you to the behavioral health services. At this time, behavioral health services are offered by referral only. Please contact ECOFHC for the current referral source.

**East Central Oklahoma Family Health Center, Inc.  
109 South Main  
Wetumka, Oklahoma 74883  
Telephone (405) 452-5400**

**East Central Oklahoma Family Health Center, Inc.  
1102 W. Main  
Henryetta, OK  
Telephone: (918)652-9614**



# NOTICE OF PRIVACY PRACTICES

Effective Date: July 14, 2014

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact:

Privacy Officer: Joetta Brinlee  
Phone Number: 405-452-3151

## **Section A: Who Will Follow This Notice?**

This Notice describes East Central Oklahoma Family Health Center (hereafter referred to as 'Provider') Privacy Practices and that of:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include:

- All departments and units of the Provider.
- Any member of a volunteer group.
- All employees, staff and other Provider personnel.
- Any entity providing services under the Provider's direction and control will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for Treatment, Payment or Healthcare Operational purposes described in this Notice.

## **Section B: Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Provider. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by the Provider, whether made by Provider personnel or your personal doctor.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

## **Section C: How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other Provider personnel who are involved in taking care of you at the Provider. For example, a doctor treating you for a broken

leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Provider also may share medical information about you in order to coordinate different items, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Provider who may be involved in your medical care after you leave the Provider.

- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Provider so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose medical information about you for Provider operations. These uses and disclosures are necessary to run the Provider and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Provider patients to decide what additional services the Provider should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning a patient's identity.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for the Provider and its operations. We may disclose information to a foundation related to the Provider so that the foundation may contact you about raising money for the Provider. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Provider. If you do not want the Provider to contact you for fundraising efforts, you must notify us in writing and you will be given the opportunity to 'Opt-out' of these communications.
- **Authorizations Required**  
We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, this includes uses of your PHI for marketing or sales activities.
- **Emergencies.** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- **Psychotherapy Notes**  
Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.

- **Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- **Provider Directory.** We may include certain limited information about you in the Provider directory while you are a patient at the Provider. This information may include your name, location in the Provider, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Provider and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Provider. We will almost always generally ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Provider.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **E-mail Use.**  
E-mail will only be used following this Organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

#### **Section D: Special Situations**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
  
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at the Provider; and
  - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.
  
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

## Section E: Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Access, Inspect and Copy.** You have the right to access, inspect and copy the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the Provider;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an ‘Accounting of Disclosures’. This is a list of the disclosures we made of medical information about you. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.

You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional Information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or hard copy or e-mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website. [Ecofhc.org](http://Ecofhc.org)

To exercise the above rights, please contact the individual listed at the top of this Notice to obtain a copy of the relevant form you will need to complete to make your request.

#### **Section F: Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the Provider for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

#### **Section G: Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services; <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with the Provider, contact the individual listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

#### **Section H: Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## Section I: Organized Healthcare Arrangement

The Provider, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with the Provider have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs.

Revision Date: March 03, 2013, to be compliant with HIPAA Omnibus Privacy Rules.

Original Effective Date: April 14, 2003.

*Note this is a NPP that reflects Omnibus changes as of March 2013*

*"In our continuing efforts to provide you with the best medical care possible, we have partnered with MyHealth Access Network. This partnership provides us with a more comprehensive, community wide view of your health history & treatment plans, & better allows us to tailor our care to meet your individual needs. If you have any questions, please call ECOFHC at 405-452-5400 or 918-652-9614, or visit [www.myhealthaccess.net](http://www.myhealthaccess.net) for more information."*

### PATIENT GRIEVANCE POLICY

East Central Oklahoma Family Health Center's mission is to emphasize human dignity and social justice toward the creation of a healthier community. Respect for human dignity includes respecting the patient's rights at ECOFHC.

If the patient feels that any of their rights may have been violated, a formal grievance may be initiated. The patient may notify the Corporate Compliance Officer in writing at East Central Oklahoma Family Health Center, Inc., P.O. Box 236, Wetumka, OK 74883. The telephone number is 405-452-3151. Form 036 Patient Grievance will be used for this process.

The Corporate Compliance Officer will contact the person upon the receipt of the grievance and will investigate the complaint. Every effort will be made to respond to a Patient complaint/grievance within 7 days. If the complaint will not be resolved, or if the investigation is not or will not be completed within 7 days, an update will be given to the patient or the patient's representative informing them that the health center is continuing to resolve and investigate the complaint. Form 037 Patient Grievance Investigation will be used for this process. This letter will also have the names of the contact person for any further correspondence.

### DISCOUNT DRUG PRICING AND MEDICATION REFILLS

#### DISCOUNT DRUG PROGRAM

If a patient qualifies for a free medication program, ECOFHC does attempt to assist patients with paperwork required so that they may receive their medication(s). It is **not** ECOFHC's sole responsibility to complete all necessary paperwork. The patient is expected to participate in completing certain paperwork for this service.

Due to ECOFHC's federally qualified status, we are able to purchase drugs at a significant discount over regular pharmacy pricing. This is based on a percentage (%) scale, therefore, when a drug costs less, there is a smaller discount. When a drug falls into the higher price range, the discount becomes much more significant.

Please feel free to take our written prescription and compare prices before purchasing. This is not something our nursing staff has time to do on a daily basis.

Although in most instances the 340B Discount Drug Program pricing is less, there could be times where pricing is very close to the same at all pharmacies. Listed below is the pharmacies where uninsured patients can receive a 340B discount.

ECOFHC Pharmacy  
109 South Main  
Wetumka, OK 74883  
405-452-5400 ext. 4122

Henryetta Drug  
623 W. Main  
Henryetta, OK 74437  
918-652-3361

Okemah Pharmacy  
106 S. Woody Guthrie  
Okemah, OK 74859  
918-623-2510

\*\*\*\*\*

**SoonerCare Choice Patients  
Medical Home Agreement**

- During your (Primary Care Provider) PCP visit you should always:
  - Give staff the information they need to help you. This includes telling them about your symptoms.
  - Tell your PCP your medical history.
  - Take shot records to PCP appointment.
  - Inform PCP of all prescription drugs, over-the-counter medications, and herbal supplements you are taking.
  - Inform PCP of any medical equipment you are using.
  - Inform PCP of any other health care appointments.
  - Follow the treatment plans and guidelines that your PCP gives you.
  
- Please also keep in mind:
  - Your PCP will refer you to a specialist as needed. You will get a referral only if indicated by your PCP. The specialist must be a SoonerCare provider.
  - You must get a referral BEFORE you go to a specialist.
  - If your PCP gives you a referral for a service that is not covered under SoonerCare, you will have to pay for it.
  - If you do not keep your appointment, the specialist may not give you another one.
  - Provider will not give a prescription he/she does not determine is needed.
  - In most cases provider will not see you in the office the same day you call.
  - SoonerCare allows unlimited PCP visits monthly.
  - SoonerCare limits specialty visits to 4 times per month.
  
- After-Hours Coverage:
  - Provider will arrange for call coverage when unavailable to members and provide all panel members with information necessary to ensure member access;
  - If you think you have a true *medical* emergency, go to the nearest emergency room or call 911 (or your local emergency number).

You will be expected to read and understand the Patient Rights and Responsibilities and sign the form provided by ECOFHC.