

East Central Oklahoma Family Health Center, Inc.

Patient Handbook



Medical, Dental & Behavioral Health
109 South Main
Wetumka, Oklahoma



Medical, Dental & Behavioral Health
104 E. Shurden Industrial Blvd.
Henryetta, Oklahoma



Medical & Behavioral Health
121 N Mekusukey
Wewoka, OK 74884

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 Community Health Center providing comprehensive, primary, and preventive medical, dental and behavioral health services to families and individuals, regardless of the ability to pay.

Wetumka Main (Medical, Behavioral and Dental): 405-452-5400; Fax: 405-452-3000

Administration: 405-452-3151; Administration Fax: 405-452-3310

Henryetta Office (Medical, Behavioral and Dental): 918-652-9614; Fax: 918-652-652-4831

Wewoka Medical Office (Medical and Behavioral): : 405-257-5422; Fax: 405-257-5463

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

Extended Hours: Wetumka: Tuesdays 7:00 a.m. to 7:00 p.m.

Extended Hours: Henryetta: Thursday: 7:00 a.m. to 7:00 p.m.

Wewoka Hours of Operation: 7:00 a.m. to 5:30 p.m. Monday through Friday.

Dental Clinics at ECOFHC Henryetta and Wetumka locations:

Monday through Thursday 7:00 a.m. – 5:30 p.m. Closed for Lunch: 12:00 p.m. – 12:30 p.m.

Wetumka Pharmacy: 8:30 a.m. – 5:30 p.m. Monday through Friday. Closed for Lunch: 12:30-1:30.

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, answer your questions or refer you to the provider on call. The Hotline number is 800-252-0505.

ECOFHC is a tobacco free campus. Absolutely NO SMOKING, TOBACCO PRODUCTS or E-CIGARETTES are allowed in the building or on the grounds. Thank you for your cooperation.

ECOFHC Mission Statement

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

Page Number Reference

Letter to Patient.....	Below
Contact Numbers.....	4
Sliding Fee Discount.....	5-8
Transportation.....	8
Health Insurance Marketplace.....	8-9
Billing, Payment, and Referral Information and Registration	9-11
HIPPA Regulations.....	11-17
Patient Grievance Policy and Procedure.....	17-18
Compliance with the Federal Controlled Substances Act concerning Medical Marijuana.....	18
Discount Drug Program and Refill Information	18
SoonerCare Choice Patients Medical Home Agreement	19

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. Please let us know if you need assistance. 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, Veteran’s Choice 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 required fees and information from all of our patients when services are received. This includes the co-pay from Medicare and private insurance, as well as the nominal fee. **For patients who do not have any type of medical coverage, a Sliding Fee Scale Discount will be available for those who qualify according to the Federal Poverty Guidelines. Our fees will be discounted, based on family income and size. A nominal or 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 or charges.

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 longer wait time is unavoidable. Please be patient and the providers will see you as soon as possible.

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

Donna Dyer
Chief Executive Officer

Denice Hicks
Chief Financial Officer

Zachary Gann
Office Manager Wetumka & Wewoka
Human Resources

Dana Reed
Compliance Officer & Privacy Officer
Chief Operations Officer

Tabitha Yandell
Office Manager for Henryetta
Billing Manager

REGISTRATION

In order to make your visit with us as smooth and quick as possible, please call for an appointment and bring the requested information with you to your visit. 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 referred to one of the nurses so that your health needs may be assessed quickly and your appointment may be made according to your needs.

Please ask about our sliding fee discount.

Please bring a photo ID, insurance card, Medicare card, Medicaid card, medications, and your co-pay or nominal fee. An email address is also required. The nominal fee is calculated by your income level and family size. The nominal fees are also calculated by the service. 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, behavioral health and dental records for identification verification purposes.

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 & Dental Henryetta	918-652-9614
ECOFHC Medical Wewoka	405-257-5422

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 assigned to another patient.

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

You must 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. Hetlevia Vilar-Jensen, M.D. (CMO) – Wetumka and Henryetta

Steffanee Edwards, APRN – Wetumka

Rebecca Helms, APRN – Henryetta

Angela Yates, APRN – Wewoka

Chris Hitchcock, APRN – Wetumka

Rebecca Marsh, APRN - Henryetta

Amanda Moore, APRN - Henryetta

Dental:

Dr. E.M. Nelson, D.D.S.- Henryetta

Dr. Roman “Hunter” Chowins, D.M.D. - Wetumka

Behavioral Health:

Rachel Lindemann, LPC/LADC – Wetumka/Wewoka Michael Burnside, LPC/LADC – Henryetta/Wetumka

Lacey Martin, LPC – Henryetta

Pharmacist:

Jason Tyler, DPh

Wetumka

Sliding Fee Discount Process

If you are interested in applying for a Sliding Fee Discount, please follow the instructions below. You may qualify for the Sliding Fee Discount even if you have insurance or Medicare. Please ask for more information. Please complete an application to apply for the Sliding Fee Discount.

The applicant must provide items (1 & 2). These documents are required.

1. State ID or Driver’s License or other government-issued picture ID

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

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

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

EAST CENTRAL OKLAHOMA FAMILY HEALTH CENTER
MEDICAL/BEHAVIORAL HEALTH SLIDING FEE DISCOUNT SCHEDULE

BASED ON 2019 FEDERAL POVERTY LEVEL Effective: January 21, 2019

		Slide 1 0-100% Nominal Fee	Slide 2 101%-133% Fee	Slide 3 134%-167% Fee	Slide 4 168%-200% Fee	201% and Above Full Fee
Office Visit		\$20.00	\$35.00	\$50.00	\$65.00	
x-Ray		\$10.00	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	
Other Procedure		\$0.00	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	
Lab		\$0.00	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	Full Fee
FAMILY SIZE	FAMILY INCOME	100% Incentive/Nominal Fee(s)	75% Incentive (Pay 25%)	50% Incentive (Pay 50%)	25% Incentive (Pay 75%)	0% Incentive (Pay 100%)
1	Annual (up to)	12,490	16,612	20,858	24,980	24,981
	Monthly	1,041	1,384	1,738	2,082	2,082
	Weekly	240	319	401	480	480
	Hourly	6.00	7.99	10.03	12.01	12.01
2	Annual (up to)	16,910	22,490	28,240	33,820	33,821
	Monthly	1,409	1,874	2,353	2,818	2,818
	Weekly	325	433	543	650	650
	Hourly	8.13	10.81	13.58	16.26	16.26
3	Annual (up to)	21,330	28,369	35,621	42,660	42,661
	Monthly	1,778	2,364	2,968	3,555	3,555
	Weekly	410	546	685	820	820
	Hourly	10.25	13.64	17.13	20.51	20.51
4	Annual (up to)	25,750	34,248	43,003	51,500	51,501
	Monthly	2,146	2,854	3,584	4,292	4,292
	Weekly	495	659	827	990	990
	Hourly	12.38	16.47	20.67	24.76	24.76
5	Annual (up to)	30,170	40,126	50,384	60,340	60,341
	Monthly	2,514	3,344	4,199	5,028	5,028
	Weekly	580	772	969	1,160	1,160
	Hourly	14.50	19.29	24.22	29.01	29.01
6	Annual (up to)	34,590	46,005	57,765	69,180	69,181
	Monthly	2,883	3,834	4,814	5,765	5,765
	Weekly	665	885	1,111	1,330	1,330
	Hourly	16.63	22.12	27.77	33.26	33.26
7	Annual (up to)	39,010	51,883	65,147	78,020	78,021
	Monthly	3,251	4,324	5,429	6,502	6,502
	Weekly	750	998	1,253	1,500	1,500
	Hourly		24.94	31.32	37.51	37.51
8	Annual (up to)	43,430	57,762	72,528	86,860	86,861
	Monthly	3,619	4,813	6,044	7,238	7,238
	Weekly	835	1,111	1,395	1,670	1,670
	Hourly	20.88	27.77	34.87	41.76	41.76
*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,420 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL						
Example: of 9						

**EAST CENTRAL OKLAHOMA FAMILY HEALTH CENTER
DENTAL SLIDING FEE DISCOUNT SCHEDULE**

BASED ON 2019 FEDERAL POVERTY LEVEL Effective: January 21, 2019

		Slide 1 0-100% Nominal Fee	Slide 2 101%-133% Fee	Slide 3 134%-167% Fee	Slide 4 168%-200% Fee	201% and Above Full Fee
Basic Dental Visit		\$40.00	\$50.00	\$60.00	\$70.00	
Dental Plus Visit		\$60.00	\$70.00	\$80.00	\$90.00	Full Fee
Rehabilitative Visit		\$250.00	\$300.00	\$350.00	\$400.00	Full Fee
FAMILY	FAMILY INCOME	Slide 1	Slide 2	Slide 3	Slide 4	0% Incentive (Pay 100%)
1	Annual (up to)	12,490	16,612	20,858	24,980	24,981
	Monthly	1,041	1,384	1,738	2,082	2,082
	Weekly Hourly	240	319	401	480	480
2	Annual (up to)	16,910	22,490	28,240	33,820	33,821
	Monthly	1,409	1,874	2,353	2,818	2,818
	Weekly Hourly	325	433	543	650	650
3	Annual (up to)	21,330	28,369	35,621	42,660	42,661
	Monthly	1,778	2,364	2,968	3,555	3,555
	Weekly Hourly	410	546	685	820	820
4	Annual (up to)	25,750	34,248	43,003	51,500	51,501
	Monthly	2,146	2,854	3,584	4,292	4,292
	Weekly Hourly	495	659	827	990	990
5	Annual (up to)	30,170	40,126	50,384	60,340	60,341
	Monthly	2,514	3,344	4,199	5,028	5,028
	Weekly Hourly	580	772	969	1,160	1,160
6	Annual (up to)	34,590		57,765	69,180	69,181
	Monthly	2,883	3,834	4,814	5,765	5,765
	Weekly Hourly	665	885	1,111	1,330	1,330
7	Annual (up to)	39,010	51,883	65,147	78,020	78,021
	Monthly	3,251	4,324	5,429	6,502	6,502
	Weekly Hourly	750	998	1,253	1,500	1,500
8	Annual (up to)	43,430	57,762	72,528	86,860	86,861
	Monthly	3,619	4,813	6,044	7,238	7,238
	Weekly Hourly	835	1,111	1,395	1,670	1,670

AFTER THAN 8, ADD \$4,420 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL Example: Family of 9

Basic Dental Visit	Dental Plus Visit	Rehabilitative Visit
Routine Exams Cleanings: Adult and Child Sealants for children 17 and under Fluoride varnish X-Rays Scaling and Root Planing per quad Perio Maintenance	Emergency Exam X-Rays Extractions	Root Canals

Additional Important Information:

- The Patient Representative Front Desk Staff 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, email addresses, 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. Seminole Nation provides transportation service for the Wewoka area.

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
- Health Center - 104 E. Shurden Industrial Blvd., Henryetta
- Behavioral Health Services – 1102 West Main, Henryetta

This card will also allow a stop at Henryetta Drug, Okemah Pharmacy, Norman Drug in Wewoka, M & D Star Drug in Okmulgee, Henryetta Walmart and Okmulgee Walmart 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. Even if you think you might not qualify for the tax credits, you might be surprised.

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 405-452-5400 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 a discounted rate of 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, Veteran’s Choice 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 covered and is not covered under your policy and the insurance deductible. 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

payment plan or waiver 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.

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

Digital x-ray services are now offered in-house in Wetumka and Henryetta. 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 or clinic 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.

Patient Portal:

Each patient has access to the ECOFHC Patient Portal. Please provide ECOFHC with your email address. Please ask for more information.

Dental Procedures:

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.

Henryetta Drug, Okemah Pharmacy, Norman Drug in Wewoka and M & D Star Pharmacy in Okmulgee distributes 340B medications for East Central Oklahoma Family Health Center, Inc. patients.

Behavioral Health Services:

Behavioral Health Services are offered through ECOFHC. If you need these services, please discuss with the physician or nurse and they will refer you to the behavioral health services. Please contact ECOFHC for the current referral source. Hypnotherapy is available for tobacco cessation and weight loss.

Tele-psychiatry and Parent/Child Therapy in Wetumka and Henryetta.

Behavioral Health Locations:

East Central Oklahoma Family Health Center, Inc.
109 S Main, Wetumka, OK
Telephone: 405-452-5400

East Central Oklahoma Family Health Center, Inc.
104 E. Shurden Industrial Blvd.
Henryetta, OK
Telephone: 918-652-9614

East Central Oklahoma Family Health Center, Inc.
121 N Mekuskey, Wewoka, OK
Telephone: 405-257-5463

East Central Oklahoma Family Health Center, Inc.
1102 West Main, Henryetta, OK
918-652-0842

Additional Services:

Limited English Proficiency: Interpreter services and Spanish document options are available upon request. A bi-lingual provider is available in Wetumka. A handheld language translator is located at each ECO Family Health location.

Handicap Accessibility help is available upon request.

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: Dana Reed
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

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 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.

COMPLIANCE WITH THE FEDERAL CONTROLLED SUBSTANCES ACT REGARDING MEDICAL MARIJUANA

ECOFHC will assure compliance with the federal Controlled Substances Act. The federal Controlled Substances Act prohibits the possession, manufacturing, and distribution of marijuana, a Schedule 1 drug, even for medical purposes. As a federal grantee, The Health Center is bound by such prohibitions, regardless of whether the possession, manufacturing, and/or distribution of marijuana are permitted under state law. Accordingly, The Health Center shall not distribute, or aid and abet the distribution of, medical marijuana to patients, through prescription or otherwise.

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 are the pharmacies where uninsured patients can receive a 340B discount.

ECOFHC Pharmacy	Henryetta Drug	Okemah Pharmacy	Norman Drug
109 S Main	106 S Main	623 W. Woody Guthrie	109 N Wewoka Ave
Wetumka, OK 74883	Henryetta, OK 74437	Okemah, OK 74859	Wewoka, OK 74884
405-452-5400 ext. 4122	918-652-3361	918-623-2510	405-257-5461

M & D Star Pharmacy
108 S. Morton Ave.
Okmulgee, OK
918-756-1322

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 schedule 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.