

WELCOME TO

THE FAMILY HEALTH CENTER *Of Southern Oklahoma*

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

Family Health Center of Southern Oklahoma, Inc. is a private, non-profit community health center providing comprehensive medical care for families and individuals, of all ages, regardless of ability to pay.

**Family Health Center
of Southern Oklahoma
610 E. 24th Street
Tishomingo, OK 73460**

After normal business hours, (listed below) call the number at your center, and our answering system will give you the number to call in an emergency.

Family Health Center of Southern Oklahoma: (580) 371-2343

Hours: Monday – Thursday
Friday

7:30 A.M. – 6:00 P.M.
7:30 A.M. – 11:30 A.M.

MEDICATION REFILL

For medication refills please follow these instructions:

Call your pharmacy and they will send us a refill request. Your provider will then approve or deny the request and return it back to your pharmacist. Allow your pharmacy 48 hours for your request to be processed. Be sure to allow extra time on weekends and holidays. If you should run out of medication on a weekend or holiday, there will be a delay in filling your prescription until the pharmacy re-opens. Please call your pharmacy prior to picking up your medications to verify they are ready.

Absolutely NO TOBACCO USE (including smoking and dipping) is allowed in the Health Center Building or on FHCSO grounds.

TO OUR VALUED PATIENTS:

The Family Health Center of Southern Oklahoma, Inc. provides 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, 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 fee from all of our patients when the services are received. This includes the co-pay from Medicare and private insurance, as well as the minimum fee. The Health Resources and Services Administration (HRSA) expects CHCs to collect sliding fees from patients below 200% FPL and to have systems in place for that purpose. Just as no one goes to a store without expecting to pay for their goods, people should not be conditioned to think CHCs provide free care. Grant funding enables CHCs to provide affordable health care to all by using a sliding fee scale tied to poverty levels. The Federal Poverty standards are reviewed and updated annually and are published in the Federal Register (usually by mid-February).

For patients who do not have any type of medical coverage, our fees will be discounted if you qualify, based on family income and size. Please ask for an application at the front desk.

Patients will be responsible for any fees not covered or denied by insurance, workers' compensation or any other payment methods within 90 (ninety) days of service.

You may contact our financial counselor at (580) 371-2343 if you have any questions regarding your fees.

The staff of Family Health Center of Southern Oklahoma is appreciative of your ongoing support of the health center, and we look forward to serving you and your family.

Signature of Executive Director



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 or follow-up visit, you will speak with a receptionist.

If you are calling for an urgent situation, you will be connected to our Screening Nurse so that your health needs may be assessed quickly and your appointment may be made according to your needs.

If you get sick when the health centers are closed, call the nearest emergency room (Johnston Memorial Hospital (580) 371- 2327).

Family Health Center of Southern Oklahoma is open Monday through Thursday 7:30 a.m. until 6:00 P.M. and Friday from 7:30 A.M. until 11:30 A.M.

If you must miss your appointment at our center, please call and tell us as soon as possible so that time may be given to another patient. Once you have missed three (3) appointments in a one year period without giving 24 hour notice to reschedule or cancel you will be placed on a work-in basis only, FHCSO will no longer schedule appointments. Night service is set up to record cancellations.

You must make sure you bring your identification card to each visit if Medicaid or Medicare, or private insurance covers you. Let us know if your insurance carrier or insurance eligibility changes.

Bring children's immunization records.

If you are taking medicine prescribed by another doctor, bring all medicine bottles with you to your appointment.

Notify us if your address, phone number, employment or family status change.

FAMILY HEALTH CENTER *of Southern Oklahoma*

Patient Rights and Responsibilities

Confidentiality

It is the policy of the Family Health Center of Southern Oklahoma to treat all information confidentially. This includes patient records and conversations. We will investigate any reported violation of this policy. If you have any questions, please ask any front desk representative for information.

The Family Health Center of Southern Oklahoma makes every effort to provide our patients with an environment that is safe, private, and respectful of our patient's needs. If you have a complaint about our services, facilities or staff, we want to hear from you. We will do everything that we can to see that your experience with us is professional in every way.

Issues of Care

The Family Health Center of Southern Oklahoma is committed to your participation in care decisions. As a client, you have the right to ask questions and receive answers regarding the course of clinical care recommended by any of our health providers, including discontinuing care. We urge you to follow the healthcare decisions given to you by our providers. However, if you have any doubts or concerns, or if you question the care prescribed by our providers, please ask.

Patient's Rights

The patient has the right to receive information from health providers and to discuss the benefits, risks, and costs of appropriate treatment alternatives. Patients should receive guidance from their health providers as to the optimal course of action. Patients are also entitled to obtain copies or summaries of their medical records, to have their questions answered, to be advised of potential conflicts of interest that their health providers might have, and to receive independent professional opinions.

The patient has the right to make decisions regarding the health care that is recommended by his or her provider. Accordingly, patients may accept or refuse any recommended medical treatment.

The patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his or her needs regardless of race, religion, ethnic or national origin, gender, age, sexual orientation, or disability. The patient has the right to confidentiality. The health care provider should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.

The patient has the right to continuity of healthcare. The healthcare provider has an obligation to cooperate in the coordination of medically indicated care with other health providers treating the patient. The health provider may discontinue care provided they give the patient reasonable assistance, direction and sufficient opportunity to make alternative arrangements.

Patient's Responsibilities

1. Good communication is essential to successful health provider-patient relationship. To the extent possible, patients have the responsibility to be truthful and to express their concerns clearly to the health care provider.
2. Patients have a responsibility to provide a complete medical history; to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness and other matters relating to their present health.
3. Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
4. Once patients and health providers agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with health provider instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.
5. Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk.

Financial Responsibilities

1. The Family Health Center of Southern Oklahoma is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area.
2. Payment for services (insurance co-payment, the sliding fee plan, or full payment) is, required at the time of your visit. Cash, personal checks, money order or cashier's check are accepted at all of our locations.
3. If you have health insurance, including Medicare and Medicaid, we will file for reimbursement for the services we 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.

4. If you are uninsured, you may qualify for a discount. The Family Health Center of Southern Oklahoma offers a "sliding fee" scale that calculates the fee discount based on the number of individuals in your household and your household income. If you would like to apply for this discount, you will be required to interview with a financial counselor, complete and sign an application form and provide proof of income (such as a recent income tax form, a W-2 form or several recent check stubs). Based on the application and the information provided, we will determine the amount, if any, of your discount. You will be required to re-qualify for our "sliding fee" scale at least annually.
5. The Family Health Center of Southern Oklahoma is not a free clinic and we must collect from all of our patients in order to continue to provide services to our community. We recognize, however, that on occasion, our patients require financial assistance. An extended payment plan is available to patients who qualify. If you would like to apply for an extended payment plan, you are required to interview with a financial counselor.
6. Should you fail to comply with the above stated responsibilities, Family Health Center of Southern Oklahoma reserves the right to reschedule your visit, refer you to another practice, or dismiss you from our practice.

Family Health Center of Southern Oklahoma

Notice of Privacy Practices

Effective Date: April 14, 2003

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.

Family Health Center of Southern Oklahoma creates a record of the care and service you receive. Your medical records and billing information are systematically created and retained on a variety of media, which may include computers, paper and films. That information is accessible to clinic personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. This notice describes your rights and our legal duties regarding your protected health information. The entity covered by this Notice include this clinic and all health care providers who are members of its medical, dental and ancillary services staffs.

Definitions: You, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

1. Protected Health Information or PHI: Your personal and protected health information that we use to render care to you and bill for services provided.
2. Privacy Officer: The individual in the clinic (Michelle Orr ext. 309) who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
3. Business Associate: An individual or business independent of the clinic that works for the clinic to help provide the clinic or you with services.
4. Authorization: We will obtain an authorization from you giving us permission to use or disclose your protected health information for purposes other than for your treatment to obtain payment of you bills and for health care operations of this clinic.
5. Health Related Benefits and Services: We may use and disclose your protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.
6. Clinic Registration: We may disclose certain limited information about you from the registration desk at the time of your appointment in the clinic. The information may include your name, location in the clinic, and your general condition. This information will only be released to people who ask for you by name. If you wish this information to be restricted please ask for a *Request for Restrictions on Use or Disclosure of PHI Form*.
7. Individuals Involved in Your Care or Payment for Your Care: We may release protected health information to a friend or family member who is involved in your medical care. We may also give protected health information to someone who

helps pay for your care. We may also disclose protected health 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.

8. **Research:** Under certain circumstances, we may use and disclose protected health 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 protected health information, trying to balance the research needs with patients' need for privacy of their protected health 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 protected health 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 protected health information they review does not leave the clinic. We will almost always 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 clinic.
9. **Public Health Reporting:** We may disclose protected health information about you for public health activities; to, for example:
 - a. Prevent or control disease, injury or disability;
 - b. Report birth defects or infant eye infections;
 - c. Report cancer diagnoses and tumors;
 - d. Report child abuse and neglect or a child born with alcohol or other substance abuse in its system;
 - e. Report reactions to medications or problems with products;
 - f. Notify people or recalls of products they may be using;
 - g. Notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;
 - h. Notify the appropriate government authority if we believe a patient has been victim of abuse, neglect or domestic violence, if you agree or when required by law.
10. **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and accreditation.
11. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected health information about in response to a court or administrative order. We may also disclose protected health 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 obtain an order protecting the information requested.

Family Health Center of Southern Oklahoma

Your Rights regarding Protected Health Information about You

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

1. **Right to Inspect and Copy:** You have the right to inspect and request a copy of your protected health information, except as prohibited by law. To inspect and/or request a copy of your protected health information that may be used to make decision about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee of 25 cents a page to offset the costs associated with the request. *We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic 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.*
2. **Right to Amend:** If you feel that protected health 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 clinic. To request an amendment, your request must be made in writing that states the reason for the 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:
 - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - b. Is not part of the protected health information kept by or for the clinic;
 - c. Is not part of the information which you would be permitted to inspect and copy; or
 - d. Is accurate and complete.
3. **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. To obtain a paper copy of this notice, contact:

Family Health Center of Southern Oklahoma
610 E. 24th Street
Tishomingo, OK 73460
(580) 371-2343

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revision or changed notice effective for protected health 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 in the clinic. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at the clinic for treatment or health care services we will make available to you a copy of the current notice in effect.

Authorization for other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health 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 authorization, and that we are required to retain our records of the care that we provided to you.

FAMILY HEALTH CENTER of Southern Oklahoma

Health Care Proxy & Advance Directives

About the Health Care Proxy

This is an important legal form. Before signing this form, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you except to the extent you say otherwise in this form. "Health Care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or withhold life-sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), they will not be allowed to refuse those measures for you.
4. Your agent will start making decision for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

1. *If I become terminally ill, I don't want to receive the following treatments...*
2. *If I am in a coma or unconscious, with no hope of recovery, then I do or don't want...*
3. *If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do or don't want...*
4. *I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of the treatments about which you may leave instructions.

1. artificial respiration
2. artificial nutrition and hydration (nourishment and water provided by feeding tube)
3. cardiopulmonary resuscitation (CPR)
4. antipsychotic medication
5. electric shock therapy

6. antibiotics
7. psychosurgery
8. dialysis
9. transplantation
10. blood transfusions
11. abortion
12. sterilization

Talk about choosing an agent with your family and close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker, before you sign it to make sure that you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. You do not need a lawyer to fill out this form.

You can choose any adult (over 18), including a family member, or close friend, to be your agent. If you select a doctor as your agent, they may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are specific restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that they will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling them or your health care provider orally or in writing.

FAMILY HEALTH CENTER *of Southern Oklahoma*

What You Should Know About Advance Directives

What are advance directives?

Advance directives are legal documents, which let you leave orders about your own health care in case you ever become unable to make decisions for yourself. Advance directives are designed to help you exercise your rights to make your own medical and health care decisions. You may use an advance directive to refuse treatment, but you may also request that all reasonable measures be used.

What Is the Health Center's Policy Regarding Advance Directives?

FHCSO will honor any valid DNR (Do Not Resuscitate) order or health care proxy. We will not discriminate against you on the basis of whether or not you have an advance directive.

We are required to inform you about your medical condition and advise you about the possible risks and benefits of the treatments you could receive. If you become unconscious or otherwise unable to handle your own affairs, a health care proxy named by you would be entitled to any information needed to make medical decisions on your behalf.

We will provide you with a health care proxy form and information on how to fill it out. Our staff will be happy to assist you. Please ask your provider or nurse if you have any questions. For example, if you need to know more about the various medical alternatives before you decide about them, please ask.

If you choose to make advance directives, please tell us so that we can make a note of your wishes in your medical record.

What is a Health Care Proxy?

A proxy is a person you choose and name on a health care proxy form as the person who will communicate your wishes to health care providers. Your proxy makes decisions only when you are unable to do so. If you select a health care proxy, it is very important to inform the person ahead of time and discuss your values and wishes with them. A durable power of attorney for health care decisions is another term for selecting a person to represent your interests.

Is appointing a Health Care Proxy the same as writing a Living Will?

No, a Living Will can be used to describe your specific wishes. It is often used to state that you do not want "heroic or extraordinary measures" used to prolong your life when you have a terminal condition. The living will only indicates your preferences; it does not name a person to act on your behalf.

Planning in Advance for your Medical Treatment

Your right to Decide about Treatment

Adults in the state of Oklahoma have the right to accept or refuse medical treatment, including Life sustaining treatment. Our Constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Planning in Advance

Sometimes because of illness or injury, people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family member or other people close to you may not be allowed to make decisions for you and follow your wishes.

In the state of Oklahoma, appointing someone you can trust to decide about treatment if you become unable to decide for you is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider. If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will

You should understand those general instructions about refusing treatment, even if written down, may not be effective. Your Instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures", the instructions may not be specific enough. You should say the kind of treatment that you do not want such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form itself, or in some other manner, the person you select can use these instructions as guidance to make the right decision for you.

Deciding About Cardiopulmonary Resuscitation

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing stops. Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental condition prevents you from deciding about CPR, someone you appoint, family members, or others close to you can decide.

SAVE 30%-60%
on your prescriptions with
our pharmacy discount program
regardless of income level.



Ask about it today!