



We want to welcome you as a patient to the Family Health Center of Southern Oklahoma and make your experience with us as comfortable and convenient as possible.

Family Health Center of Southern Oklahoma, Inc. (FHCSO) is a private, non-profit community health center providing comprehensive medical, dental, and behavioral health care for families and individuals of all ages, regardless of ability to pay. FHCSO medical home is responsible for continuous care which is facilitated by a clinician-led, care team approach, to healthcare. A care team is responsible for coordinating and managing care of you, the patient. You are an important member of your patient care team, and part of your process will include selecting a clinician of record. FHCSO uses evidence-based care, in which you, the patient, becomes a partner in the decision-making process (evidence-based patient choice). Evidence-based care uses the best scientific data available to inform you about the risks and benefits of particular treatment options so that you can decide which care option is best for you.

Family Health Center of Southern Oklahoma, Inc. has 4 Locations to serve you:

610 E. 24th Street, Tishomingo OK, 73460 – Ph: 580-371-2343 * Fax: 580-371-2451
107 E. Post Avenue, Coalgate, OK 74538 – Ph: 580-927-2828 * Fax: 580-927-9876
1556 S. Virginia Ave, Atoka, OK 74525 – Ph: 580-889-4746 * Fax: 580-889-4735
21 North Main, Kingston, OK 73439 – Ph: 580-564-7885 * Fax: 580-564-7902

All Locations are Open:

Monday – Thursday ~ 7:30 A.M. – 6:00 P.M.
Friday ~ 7:30 A.M. – 11:30 A.M (walk-ins only)

Calls after normal business hours will be forwarded to our answering service for triage and clinical advice.

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



for updates or we are on the web. www.fhcsso.org

Revised: 4-28-20

TO OUR VALUED PATIENTS:

The Mission/Vision of FHCSO is to provide high quality health care to our patients through comprehensive services. FHCSO Medical Home responsibilities are:

- Improve Primary Care
- Coordinate and track care
- Chronic Condition Management (CCM)
- Preventative Health Counseling
- Provide Comprehensive Care that considers the “Whole Person”
- Include the patient as a collaborative member of the Care team
- Provide advice regarding communication with the Care Team
- Provide clinical advice during and after business hours
- Clinical Staff Teamwork
- Provide Evidence-Based guidelines

In order to continue with our current level of services, it is necessary to collect at least a nominal 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 nominal fee. The Health Resources and Services Administration (HRSA) allows FHCSO to offer a sliding fee program for our patients. Patients who apply and qualify for the sliding fee discount and are at or below 100% of Federal Poverty Level (FPL) may not be charged a fee. Persons above 200% FPL are not eligible for the sliding fee discounts.

Just as no one goes to a store without expecting to pay for their goods, people should not be conditioned to think Community Health Centers provide free care. Grant funding enables CHCs to provide affordable healthcare to all by using a sliding fee scale tied to poverty levels. No one will be denied services based on inability to pay. FHCSO will provide discounted basic lab and x-ray services to its sliding fee patients. 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.

Other resources available to FHCSO patients include, patient portal, patient education materials, and translation services. Language barriers compromise the quality of health care for Limited English Proficient individuals. The clinic prohibits discrimination based on race, color, religion or national origin. FHCSO provides Limited English Proficient individuals equal and meaningful access to their services by providing language assistance at no cost to the individual. The clinic provides interpretation (verbal) and translation (written) services to all clinical programs and services, to facilitate communication between healthcare providers and LEP or deaf, deafened, or hard of hearing patients and their families.

The staff of FHCSO is appreciative of your ongoing support of our facilities in Tishomingo, Atoka, Kingston and Coalgate. We look forward to serving you and your family.

Sincerely,

Tina Davis,
CEO

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 you are calling to schedule a routine visit, you will speak to a receptionist. If you are calling for an urgent situation, you will be connected to our Screening Nurse for clinical advice. Your health needs will be assessed, and your appointment will be made according to your needs.

If you are calling to speak with your personal clinician and team, a medical call will be sent to that team and addressed in a timely manner. Our goal is to have all calls addressed as quickly as possible, within 72 hours.

FHCSO 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, 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.

Medication refills must be called in to your pharmacy. The Pharmacy will then have 48 hours to complete the refill request. Any afterhours refill requests will be forwarded to the afterhours call center and relayed to the on-call phone and handled accordingly.

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

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.

Issues of Care

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 also has the right to report any grievances he/she may have by filling out a patient grievance form which can be obtained in the admissions office.

The patient has the right to confidentiality, 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 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 the services provided.
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, credit cards, money order or cashier's check are accepted at all 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 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 or underinsured, 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 complete and sign an application form and provide proof of income (such as a recent income tax 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. However, we recognize 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 speak with front office or the collections manager.

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

Form 04: Notice of Privacy Practices

Family Health Center of Southern Oklahoma

Effective Date: _____

NOTICE OF PRIVACY PRACTICES

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

Family Health Center of Southern Oklahoma ("FHCSO") is committed to protecting your medical information. We are required by law to:

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

What is this document?

This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information.

What does this Notice cover?

This Notice of Privacy Practices applies to *all* of your medical information used to make decisions about your care that we *generate or maintain*, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

Who does this Notice cover?

This Notice of Privacy Practices will be followed by all **FHCSO** employees; any health care professional who provides treatment to you at FHCSO Locations; and any member of a volunteer group that provides services at FHCSO Locations.

What will you do with my medical information?

The following categories describe the ways that we may use and disclose medical information. Not every use or disclosure in a category will be listed. You will acknowledge receipt of this document by signing the attached Patient Agreement and Acknowledgement.

If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section regarding patient rights below.

Treatment. FHCSO practices Integrated Care, using a team of professionals to treat patient needs. FHCSO may use information about you to provide you with medical services and supplies. We may also disclose information about you to others that need the information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, clinicians, therapists, behavioral health professionals, emergency services, medical transportation providers, and others involved in your care. For example, we will allow your physician and other health professionals to have access to your medical record to assist in your treatment, for care coordination, and for follow up care and referral coordination. In an integrated care model, we use a team approach to care and involved other health professionals for your care. These individuals will have

access to your records and will document in your medical record. This includes doctors, physician assistants, nurses, medical and nursing students, technicians, clinicians, therapists, behavioral health professionals, and other health professionals. When a behavioral health professional becomes part of your health care team, they operate in coordination with your primary care provider and document in your medical record. Information is shared to provide the best possible care. We may make your medical information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes. We may also use and disclose information about you to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about your related services available to you. If you receive care in more than one FHCSO location, your records will be shared with all healthcare professionals involved in your care or needed for consultation and coordination.

We will use your medical information to provide you with medical treatment and services.

Example: Your medical information may be disclosed to doctors, nurses, technicians, students or other personnel who are involved in taking care of you.

We may *disclose* your medical information for the treatment activities of any other health care providers.

Examples: (1) We may send a copy of your medical record to a physician who needs to provide subsequent or additional care to you. (2) We may send a copy of your health care instructions to a hospital or nursing home to which you have been admitted or transferred to facilitate coordination of care.

Payment. We may use medical information about you for our payment activities. Common payment activities include, but are not limited to:

- Determining eligibility or coverage under a plan; and
- Billing and collection activities.

Examples: (1) Your medical information may be released to an insurance company to obtain payment for services. (2) We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may disclose medical information about you to another health care provider or covered entity for its payment activities.

Example: We may send your health plan coverage information to an outside laboratory or imaging center that needs the information to bill for tests that it provided to you.

Operations. We may use your medical information for operational or administrative purposes. These uses are necessary to run our facility and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- Conducting quality assessment and improvement activities;
- Reviewing the competence of health care professionals;

Family Health Center of Southern Oklahoma, Inc.

April 28, 2020

HIPAA Form found in HIPAA Policy

- Arranging for legal or auditing services;
- Business planning and development;
- Business management and administrative activities; and
- Communicating with patients about our services.

Examples: (1) We may use your medical information to conduct internal audits to verify that billing is being conducted properly. (2) We may use your medical information to contact you for the purposes of conducting patient satisfaction surveys or to follow-up on the services we provided. (3) We might use a patient list to announce the arrival of a new physician or the purchase of a new piece of equipment or the addition of a new service.

We may disclose medical information about you to another health care provider or covered entity for its operation activities under certain circumstances.

Example: We may *disclose* your medical information to your health plan for its utilization review analysis.

Business Associates. We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

Example: We may contract with another entity to provide transcription or billing services.

Treatment Alternatives. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care.

We may release medical information about you to a friend, family member or legal guardian who is involved in your medical care.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical treatment or services.

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.

Research. We may use and disclose medical information about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research. However, there are certain exceptions. Your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Your medical information also may be disclosed to researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization under certain circumstances. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.

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.

Fundraising. We may use medical information about you to contact you in the future to raise money for FHCSO. We may disclose medical information to a foundation related to FHCSO so that the foundation may contact you to raise money on our behalf. We only will release contact information, such as your name, address and phone number and the dates you received treatment or services at FHCSO for fundraising purposes. If you do not want us, or a related foundation, to contact you for fundraising efforts, you must notify our Privacy Official in writing by regular mail or e-mail to opt-out of receiving future fundraising communications.

Can you ever use and disclose my medical information without my authorization? Yes. The following categories describe the ways that we may be required to use and disclose your medical information without your consent. Not every use or disclosure in a category will be listed.

Required by Law. We may disclose your medical information when required to do so by federal, state or local law.

Examples: (1) We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. (2) We are required by law to report cases of suspected abuse and neglect. These reports may include your medical information.

Public 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 would only be to someone able to help prevent the threat.

Public Health. We may disclose medical information about you public health activities intended to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report abuse, neglect or violence as required by law;
- Report reactions to medications or problems with products;
- Notify people of recalls of products they may be using; or
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Example: Oklahoma law requires us to report, among other things, births, deaths, certain birth defects, communicable diseases and other health conditions and statistics.

Food and Drug Administration (FDA). We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

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. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.

Law Enforcement. We may release medical information if asked to do so by law enforcement official:

- In response to a court order, warrant, summons or other 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 hospital; 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.

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.

Military/Veterans. We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

Inmates. If you are an inmate of a correctional facility or under the custody of law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. This release may be necessary to: (1) enable the correctional facility to provide you with health care; or (2) protect the health and safety of you and/or other people.

What if you want to use and/or disclose my medical information for a purpose not de-scribed in this Notice?

We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this notice or the laws that apply to us.

We are required to obtain your authorization for the following uses and disclosures:

Marketing: We must obtain authorization to use and disclose your medical information for marketing if the marketing involves direct or indirect financial payment from a third party.

Sale of Medical Information: We must obtain an authorization for any disclosure of your medical information for which we receive payment, unless otherwise permitted by law.

If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

What are my rights regarding my medical information?

You have the rights described below in regard to the medical

information that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact our medical record department to obtain a form that you can use to exercise any of the rights listed below.

Right to Inspect and Copy. You have the right to inspect and copy medical information used to make decisions about your care. *If you want a copy of your medical information, we may charge a fee of \$1.00 for the first page and .50 cents for each subsequent page.* We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. *You must provide a reason that supports your amendment 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 to amend information that:

- We did not create, unless the person or entity that created the information is not available to make the amendment;
- Is not part of the medical information that we maintain;
- Is not part of the information that 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 one free "accounting of

disclosures" every 12 months. This is a list of *certain* disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. *Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.*

If you request more than one accounting in a 12-month period, 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 unless our use and/or disclosure is required by law. 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.

We are not required to agree to your request unless you are requesting a restriction on the disclosure of information to your health plan and you are willing to pay out of pocket for the medical treatment provided. If we agree to other requested restrictions, we will comply with your request unless the information is needed to provide emergency treatment to you.

In your request, you must indicate:

- The type of restriction you want and the information you want restricted; and
- To whom you want the limits to apply, for example, your spouse.

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 by mail.

<http://www.hhs.gov/ocr/privacy/index.html> or our Privacy Official can provide you with current contact information. ***You will not be penalized for filing a complaint.***

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. Copies of this notice always will be available in our medical record department.

Can you change 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. Copies of the current notice will be posted at all FHCSO facilities and will be available for you to pick up on each visit to FHCSO locations.

What if I have questions or need to report a problem?

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at (580) 371-2343 extension 3354 or by email at privacy@fhcso.org. The Privacy Official's mailing address is: 610 E 24th St, Attn: Privacy Officer, Tishomingo, OK 73460. To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at:

Family Health Center of Southern Oklahoma, Inc.

April 28, 2020

HIPAA Form found in HIPAA Policy

Health Care Proxy & Advance Directives

About the Health Care Proxy

This is an important legal form. If you wish to obtain this form, ask the Admissions Clerk. 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.

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.