New Patient Welcome Packet
The Health and Wellness Center

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

The Health and Wellness Center is a private, non-profit community health center providing comprehensive, primary, and preventative medical, dental, mental health, and optometry services to families and individuals, regardless of the ability to pay. We are striving to be a Patient Centered Medical Home (PCMH), which is an innovative program for improving primary care for our patient population. The program gives practice information about organizing care around patient needs, working in teams, and coordinating and tracking care over time.

**Stigler Health and Wellness Center**
(Medical, Dental, Mental Health Pharmacy & Optometry)
1505 East Main, Suite A
Stigler, OK 74462
Main Phone: 918-967-3368
Fax Number: 918-967-3351
Hours: M-TH: 7:30AM – 6:30PM F: 7:30AM-5:00PM

**Eufaula Health and Wellness Center**
(Medical & Mental Health)
17 Hospital Drive
Eufaula, OK 74432
Main Phone: 918-689-3333
Fax Number: 918-689-3345
Hours: M-F: 7:30AM – 6:30PM

**Sallisaw Health and Wellness Center**
(Medical & Mental Health)
1630 S. Kerr Blvd
Sallisaw, OK 74955
Main Phone: 918-790-2653
Fax Number: 918-790-2763
Hours: M-F: 7:30AM – 6:30PM Sat: 9:00AM-3:00PM

**Checotah Health and Wellness Center**
(Medical)
212 West Spaulding
Checotah, OK 74426
Main Phone: 918-473-0048
Fax Number: 918-473-0076
Hours: M-F: 8:00AM-5:00PM

**Poteau Health and Wellness Center**
(Medical & Mental Health)
204 Wall St., Suite A
Poteau, OK 74953
Main Phone: 918-647-2155
Fax Number: 918-647-4095
Hours: M-TH: 7:30AM – 6:30PM F: 7:30AM-5:00PM

**Checotah Health and Wellness Center**
(Medical & Mental Health)
118 S. Broadway
Checotah, OK 74426
Main Phone: 918-473-0048
Fax Number: 918-473-0076
Hours: M-F: 7:30AM-6:00PM

**Wilburton Health and Wellness Center**
(Medical & Mental Health)
802 Hwy 2 North
Wilburton, OK 74578
Main Phone: 918-465-0005
Fax Number: 918-465-9931
Hours: M-F: 8:00AM – 5:00PM

**Warner Health and Wellness Center**
(Medical & Mental Health)
700 College Rd
Warner, OK 74469
Main Phone: 918-463-6239
Fax Number: 918-473-4547
Hours: W: 1:00PM – 6:00PM
HOOVER DRUG PHARMACY HOURS ARE MONDAY-FRIDAY 8:30-5:30PM

Our site offers 24-hour coverage. After regular hours (listed above) telephone the number at the center, and our answering system will give you after hour and emergency instructions.

Absolutely **NO SMOKING** is allowed in our buildings. Thank you for your cooperation.

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

You may contact our Billing Department at *(918) 967-3368* if you have any questions regarding your fees. The staff of The Health and Wellness Center 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.

<table>
<thead>
<tr>
<th>Teresa Huggins, MBA</th>
<th>Brooke Lattimore, MBA</th>
<th>Stephanie Peery</th>
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<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>Chief Operating Officer</td>
<td>Chief Financial Officer</td>
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<tr>
<td>Dr. William Smith, MD</td>
<td>Dr. Anton Hoang, DDS</td>
<td>Johanna Lea, LCSW</td>
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<tr>
<td>Medical Director</td>
<td>Dental Director</td>
<td>Mental Health Director</td>
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<tr>
<td>Dr. Jeremy Roach, OD</td>
<td>Robert Gabby, RPh</td>
<td>Teresa Noah, BS, RHIA, CTR</td>
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<tr>
<td>Optometry Director</td>
<td>Pharmacy Director</td>
<td>Quality Assurance Coordinator</td>
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*questions@thwcinc.com*

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BILLING, PAYMENT, and REFERRAL INFORMATION

The Health and Wellness 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.

BILLING AND PAYMENT
The Health and Wellness Center 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. The Health and Wellness Center 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
The Health and Wellness Center 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. The Health and Wellness Center is not responsible for, nor has any control over, charges and fees occurring from referrals to other clinics.

LAB and X-RAY
Please understand that although the x-ray services that we contract for through local hospitals are discounted, The Health and Wellness Center has no control over the bill a patient receives for reading those results. A hospital is required by law to have every x-ray evaluated by a radiologist, and that radiologist’s bill is separate from our services. Please be advised that our clinic pays for primary care x-rays only. (Example: chest, bones & joints). 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. Lab fees will not have extra reading charges. The amount the patient pays at The Health and Wellness Center includes the entire fee for those services.

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 Registration staff. If you are calling for an urgent situation, every effort will be made to make a same day appointment with your provider or the walk-in provider.

If you get sick when the health centers are closed, please call the closest Health and Wellness Center and follow instructions provided on what actions to take:

- STIGLER 918-967-3368
- EUFAULA 918-689-3333
- SALLISAW 918-790-2653
- CHECOTAH 918-473-0048
- POTEAU 918-647-2155
- WILBURTON 918-465-0005
- WARNER 918-463-6239

If it is an emergency, please call 9-1-1!!
The Health and Wellness Center is open Monday thru Friday from 7:30 am until 6:30 pm for medical in all locations. A Saturday clinic is offered in Sallisaw from 9 am through 3 pm. Other services are offered Monday - Friday 8 am - 5 pm. Arrangements for after-hours services can be made available upon request.

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

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

You must make sure you bring your identification card to each visit if you are covered by Medicaid, SoonerCare, Medicare, or private insurance. Please let us know if your insurance carrier or insurance eligibility changes, or if you have a change in 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.

The SHWC shall maintain a Language Line Service for patients who speak languages other than English. Please ask staff for assistance.

**PATIENT RIGHTS AND RESPONSIBILITIES**

**CONFIDENTIALITY**

It is the policy of The Health and Wellness Center 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 Registration representative for information.

The Health and Wellness Center makes every effort to provide our patients with an environment that is safe, private, and respectful of our patients’ 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 a professional one in every way.

**ISSUES OF CARE**

The Health and Wellness Center is committed to include your participation in decisions regarding your care. As a patient, 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 do not hesitate to consult with our staff.

**PATIENT 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 health 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 RESPONSIBILITIES

1. Good communication is essential to a successful healthcare provider/patient relationship. To the fullest extent possible, patients have the responsibility to be truthful and to express their concerns clearly to the health care provider.

2. Patients have the responsibility to provide a complete medical history to the fullest extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to their present health.

3. Patients have the responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described by their healthcare provider.

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 Health and Wellness Center 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 orders, or cashier’s checks are accepted.

3. If you have health insurance, including Medicare and/or 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 Health and Wellness Center offers a "sliding fee" scale that calculates the fee discount based on the number of individuals in your household and your household income. You will need to 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 of your discount. You will be required to re-qualify for our "sliding fee" scale at least annually.

5. The Health and Wellness Center 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, The Health and Wellness Center reserves the right to reschedule your visit, refer you to another practice, or dismiss you from our practice.
PATIENT CENTERED MEDICAL HOME (PCMH) AGREEMENT

Stigler Health and Wellness Center, Inc. (SHWC) wants to be YOUR Medical Home

Our goal at SHWC is to provide patient centered care to all its patients. Patient centered care means your medical provider, Health Care Team, patient and families work together to provide quality care to YOU. We do this through patient and family communication where the needs and preferences of the patient are communicated to your SHWC Health Team. Your SHWC Health Care Team may include your medical provider – a doctor, nurse practitioner, or physician’s assistant and your nurse, dietician, lab, x-ray, and pharmacist. In turn we will listen to these needs and focus their education and training to make sure YOU get good quality health care.

Our plan

SHWC and the patient/parent will achieve this patient centered care based on these items that we agree upon.

- SHWC will provide quality health care to the best of our ability and knowledge in a safe environment.
- Patients and their families have the ability to ask questions and voice concerns through an open channel of communication with our Health Team.
- The patient/parent is honest in the history of symptoms. Your health Team is open and honest in relating the diagnosis and related treatment. It is important for the patient/parent to disclose all symptoms or medical problems at the time of treatment.
- The patient/parent is agreeable with your treatment plans. SHWC will provide clean and understandable instructions.
- SHWC will provide patient with enough time during their office visit to make sure the medical problem is understood and the treatment plan is thoroughly explained. Both the patient/parent and your Health Team will respect one another’s time.
- The patient/parent will pay for their share of the services rendered not covered by their insurance at the time of the office visit. It is the patient/parent responsibility to know their insurance benefits.
- SHWC offers same day appointments for acute care and allots reasonable times for follow-up, preventative care and disease management appointments.
- SHWC may refer patient to a specialist or suggest certain tests/procedures that are not done in the office but instructions will be given for any referral. It is the patient/parent responsibility to find out if the specialist is covered by their insurance.
- SHWC is not responsible for costs for patient specialty care or tests/procedures recommended by our providers.
- SHWC will make the referral; however, it is the responsibility of the patient/parent to follow-up with the referral and understand the insurance coverage for the specific referral.
- SHWC will give results of lab/x-ray tests by calling and/or mailing the patient/parent. The patient/parent should call the office if not notified about test results in an appropriate time frame.
- The patient/parent shall do their best to participate in health habits and lifestyles.
- SHWC may provide health information. The patient/parent can use this information and ask questions if needed.
- The patient/parent should keep their appointments; a missed appointment takes up time that another patient could use.
• The patient/parent should arrive on time for their scheduled appointment. SHWC in turn will work to stay on schedule.

• SHWC will respect the patient/parent individually. We will not make judgments based on race, religion, gender, gender identity, age or disability.

• SHWC will respect patient/parent privacy. Medical information will not be shared with anyone unless it is vital for treatment, payment or health care operations, you give us permission, or it is required by law or court order.

• SHWC has computer prescription programs with most pharmacies. Prescriptions are sent to your specified pharmacy electronically, otherwise, a printed prescription will be provided.

This agreement that describes your SHWC Health Care Team relationship with YOU has been given to and received by a patient/parent for his or her Health Team member today.
Consumer Notice of Health Information Practices (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THE NOTICE CAREFULLY.

**General Information**


Under these laws, the Health and Wellness Center (HWC), may not say to a person outside of the HWC that you attend the program or clinic, nor may HWC disclose any information identifying you as an alcohol or drug abuser, or any patient, or disclose any other protected information except as permitted by federal law.

HWC must obtain your written consent before it can disclose information about you for payment purposes. For example, HWC must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you also sign a written consent before HWC can share information for treatment purposes or healthcare operations; however, federal law permits HWC to disclose information without your written permission in the following instances:

1. Pursuant to an agreement with a qualified service organization/business associate.
2. For research, audit, or evaluation.
3. To report a crime committed on HWC premises or against HWC personnel.
4. To medical personnel for medical emergency.
5. To appropriate authorities to report suspected child and elder abuse or neglect.
6. As allowed by court order.

For example, HWC can disclose information without your consent to obtain legal and financial services, or to a medical facility to provide healthcare to you, as long as there is a qualified service/organization/ business associate agreement in place.

Before HWC can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.
Your Rights:
Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. HWC is not required to agree to any restrictions you request, but if it does agree it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means at an alternative location. HWC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own healthcare information maintained by HWC except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal, or administrative hearing or in other limited circumstances.

Under HIPAA, you also have the right, with some exceptions, to amend healthcare information maintained in HWC records, and to request and receive an accounting of disclosures of your health related information made by HWC during the past six (6) years prior to your request. You also have the right to receive a paper copy of this notice.

Health and Wellness Center Duties
HWC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. HWC is required by law to abide by the terms of this notice. HWC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Such changes will be communicated to present clients through provision of a copy of the revised notice. Former clients making appropriate requests will be provided a copy of the updated notice at the time of request.

Complaints and Reporting Violations
You may complain to HWC and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Such complaints should be pursued through the established HWC grievance procedures. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States District Attorney in the district where the violation occurs.

HWC Contact
For further information contact:
Sallisaw Health and Wellness Center
Teresa Noah
1630 S. Kerr Blvd
Sallisaw, OK 74955
(918)790-2653 ext 206
MEDICATION POLICY

The following policies are to ensure your safety, and our continued ability to treat you in the most effective way possible. Please read this carefully. These policies will be enforced. You will be asked to sign a contract stating that you promise to follow these terms.

1. Medication must be taken only as prescribed by our physicians and you must notify our providers when medication is given to you by another person or physician.
2. Any medication that is lost, misplaced, stolen, destroyed, or finished early may be replaced at the discretion of the provider.
3. If you are unable to tolerate any medication, you must return the unused portion of the medication to the appropriate disposal service in your area before you are given a different prescription.
4. You must not share, sell, or otherwise permit others to have access to these medications.
5. All prescriptions should be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed.
6. The prescribing physician and staff have permission to discuss diagnostic and treatment details with dispensing pharmacists or other professionals who provide your healthcare for the purpose of medication accountability.
7. Refills will be given only during regular office hours.
8. Refills of medication will be given at the discretion of the provider. The provider may ask you to come back into the clinic before refills are given.
9. CLASS II medications need to be filled by the pharmacy within 5 days of being written. If your prescription expires you must return the prescription to our office before another prescription will be issued to you.
10. You must keep your scheduled appointments in a timely manner. If you fail to appear for an appointment, your medication may not be refilled. If you fail to appear for more than two appointments without prior notification, you could be dismissed from our clinic.
11. You must provide us with 24 hours notice to cancel an appointment. If you fail to provide this notice, you will be considered as a failure to appear and may be subject to the consequences listed in #10 above.
12. Random urine drug screen may be requested. Presence of unauthorized substances or abnormal results may result in discontinuation of your controlled medications including, but not limited to, opioid analgesics.
13. You must sign a contract indicating that you acknowledge and understand the Medication Policy of The Health and Wellness Center.

YOUR HEALTH CARE TEAM AT THE HEALTH AND WELLNESS CENTER IS DEDICATED TO YOUR SAFETY AND GOOD HEALTH. THIS POLICY IS DESIGNED TO ENSURE YOUR SAFETY AND TO HELP US AND YOU COMPLY WITH THE STANDARDS OF GOOD MEDICAL CARE, AS WELL AS STATE AND FEDERAL LAWS.
DISCOUNT DRUG PRICING AND MEDICATION REFILLS  
(Not currently available in our Wilburton clinic)

DISCOUNT DRUG PROGRAM

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

Due to The Health and Wellness Center’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 instances where pricing is very close to the same at all pharmacies.

Currently, The Health and Wellness Center’s participates in the 340B Discount Drug Program. Please ask staff for participating pharmacies.

REFILLS

You may call your pharmacy during their regular business hours to request a refill. Please have the pharmacy FAX the refill request to The Health and Wellness Center. Each clinic’s fax numbers are listed below. Please allow at least 48 hours for medication refills. If you wait until you are out of your medication, there may be a delay in refilling your prescription. Be sure to allow extra time for weekends and holidays. If you should run out of your medication on a weekend or holiday, there will be a delay in refilling your prescription until the center re-opens.

Please have your pharmacy fax your refill request to the center you use:

- Stigler Health and Wellness Center: 918.967.3351
- Eufaula Health and Wellness Center: 918.689.3345
- Sallisaw Health and Wellness Center: 918.790.2763
- Checotah Health and Wellness Center: 918.473.0076 (Mental Health)
- Checotah Health and Wellness Center: 918.473.4547 (Medical)
- Poteau Health and Wellness Center: 918.647.5144
- Wilburton Health and Wellness Center: 918-465-9931
- Warner Health and Wellness Center: 918.473.4547

Please call your pharmacy prior to picking up your medication.
The Health & Wellness Center Notice of Privacy Practices
Effective Immediately

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

The Health & Wellness Center is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. The Health & Wellness Center is required by law to abide by the terms of this notice.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:
We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered, and by administrative personnel reviewing the quality of the care you receive. It applies to your medication information in written and electronic format.

We may also use and/or disclose your information without obtaining your prior written authorization in accordance with federal and state laws for the following purposes:

Payment
We may use medical information about you for our payment activities. Common payment activities include, but are not limited to: (1) Determining eligibility or coverage under a plan; and (2) Billing and collection activities. Example: Your medical information may be released to an insurance company to obtain payment for services. 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 that needs the information to bill for tests that is provided to you.

Treatment Information
We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We maintain medical information about our patients in an electronic medical record that allows us to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you. Example: Your medical information may be disclosed to doctors, nurses, technicians, students or other personnel who are involved in taking care of you.

Operations
We may use your medical information for operational or administrative purposes. These uses are necessary to run our business 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; Arranging for legal or auditing services; Business planning and development; Business management and administrative activities; and communicating with patients about our services. We may disclose medical information about you to another health care provider or covered entity for its operation activities under certain circumstances.

Health Information Exchange
We may participate in a health information exchange (HIE). Generally an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers that participate in the HIE or participants of other health information exchanges. If you do not want your medical information to be available through the HIE, you must request a restriction. You can do so by completing an Opt-Out form from the Registration Clerk.

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. We may tell your family or friends your condition and that you are in the hospital. 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.

**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.

**Directory**
We may include certain information about you in our directory while you are a patient at SHWC. This information may include your name, location in SHWC, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may 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 minister, 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 hospital and generally know how you are doing. If you do not want to be in our directory, you will need to notify Registration personnel at the time of registration. You will be asked to complete an “opt out” form.

**Fund Raising**
We may contact you to inform you of fund raising activities for The Health & Wellness Center. We may disclose medical information to a foundation related to SHWC so that the foundation may contact you to raise money on our behalf. We only will release limited information, such as your name, address and phone number, the dates you received treatment or services at SHWC, the department in which you received services, your treating physician and your health insurance status for fundraising purposes. Each solicitation will include information on how to opt-out of receiving further fundraising communications from SHWC. You also may notify SHWC at any time at 1505 East Main, Suite A, Stigler, OK 74462 to opt-out of receiving further fundraising communications.

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

**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 to public health activities intended to: (1) prevent or control disease, injury or disability; (2) Report births and deaths; (3) Report abuse, neglect or violence as required by law; (4) report reactions to medications or problems with products; notify people of recalls of products they may be using; or (5) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

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

**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 a law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. Your authorization is required for the following purposes: (1) psychotherapy notes. We must obtain your authorization to use or disclose notes maintained by a mental health professional about a counseling session; (2) sale of medical information. We must obtain your authorization virtually any time we intend to sell your medical information with minor exceptions; (3) Marketing. We must obtain your authorization to communicate with you about a particular product or service virtually any time we are paid to make the communication, with minor exceptions.

Right to Inspect and Copy
You have the right to inspect and obtain a copy of medical information used to make decisions about your care. SHWC provides you with access to your medical information in the form or format requested if it is available in such format. If you want a paper 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 charge a cost not to exceed $0.12 per digital page and $5.00 per radiology film. 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 SHWC will review your request and the denial. The person conducting the review will not be the person who denied your original request. We 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: (1) We did not create, unless the person or entity that created the information is not available to make the amendment; (2) Is not part of the medical information that we maintain; (3) Is not part of the information that you would be permitted to inspect and copy; or (4) 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. You can request a restriction if you do not want us to disclose your medical information to an HIE. 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 pay out of pocket for the medical treatment provided. If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you. In your request, you must indicate: (1) The type of restriction you want and the information you want restricted; and (2) 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. 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 registration office.
Health Oversight Activities
We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, licensure, inspections, or disciplinary actions, administrative, and/or legal proceedings.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose your medical information about you in response to a court or administrative proceedings. 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: (1) in response to a court order, warrant, summons or other similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct at the hospital; and (6) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committe the crime.

Coroners, Medical Examiners, and Funeral Directors
We may release medical information to a coroner or medical examiner.

Organ Donation
If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Research
We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a Privacy Board has altered or waived individual authorization, the review is preparatory to research, or the research is on only decedent’s information. 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 for researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization in certain circumstances. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.

Business Associates
We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

AUTHORIZATIONS:

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

Stigler Health and Wellness Center
(Mental, Dental, Mental Health & Optometry)
1505 East Main, Suite A
Stigler, OK 74462
Main Phone: 918-967-3368
Fax Number: 918-967-3351

Eufaula Health and Wellness Center
(Medical & Mental Health)
17 Hospital Drive
Eufaula, OK 74432
Main Phone: 918-689-3333
Fax Number: 918-689-3345
Sallisaw Health and Wellness Center
(Medical & Mental Health)
1630 S. Kerr Blvd
Sallisaw, OK 74955
Main Phone: 918-790-2653
Fax Number: 918-790-2763

Checotah Health and Wellness Center
(Mental Health)
118 S. Broadway
Checotah, OK 74426
Main Phone: 918-473-0048
Fax Number: 918-473-0076

Poteau Health and Wellness Center
(Medical)
204 Wall Street, Suite A
Poteau, OK 74953
Main Phone: 918-647-2155
Fax Number: 918-647-4095

Checotah Health and Wellness Center
(Medical)
212 West Spaulding
Checotah, OK 74426
Main Phone: 918-473-0048
Fax Number: 918-473-4547

Wilburton Health and Wellness Center
(Medical)
802 Hwy 2 North
Wilburton, OK 74578
Main Phone: 918-465-0005
Fax Number: 918-465-9931

Warner Health and Wellness Center
(Medical & Mental Health)
700 College Rd
Warner, OK 74469
Main Phone: 918-463-6239
Fax Number: 918-473-4547

For any complaints, please contact: The Health & Wellness Center’s Quality Assurance Department at 918-790-2653 x 206.
If you would like further information regarding your rights, or information regarding the uses and disclosures of your medical information, you may contact your primary clinic location.

THIS NOTICE IS EFFECTIVE AS OF March 24, 2011.

REVISION OF NOTICE OF PRIVACY PRACTICES
We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised Notice of Privacy Practice at each of the Health & Wellness Centers and will make paper copies of the revised Notice available upon request.