



New Patient Welcome Packet

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Welcome to 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, Behavioral Health, and Optometry** services to individuals and families. We provide equal access to all services regardless of the source of payment. We are Level 2 Patient Centered Medical Home (PCMH) certified, 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.

FACILITIES:

The Health and Wellness Center offers outpatient services at the following locations

City	Address	State	Zip	Phone	Fax	Services	Hours
Checotah	212 W. Spaulding	OK	74426	918-473-0048	918-473-0076	M BH P DM	MTWTh: 7:30-6:00 F: 7:30-5:00
Eufaula	111 Forest Ave. Suite A	OK	74432	918-689-3333	918-689-3345	M BH P OB DM SA	MTWThF 7:30-6:30
McAlester	628 E. Creek	OK	74501	918-421-3500 918-421-3590	918-423-2370	SA	
Poteau	204 Wall St., Suite A	OK	74953	918-647-2155	918-647-4095	M BH P DM SA	MTWTh: 7:30-6:30 F: 8:00-5:00
Sallisaw	1630 S. Kerr Blvd	OK	74955	918-790-2653	918-790-2763	M BH P DM	MTWThF: 7:30-6:30
Stigler	1505 E. Main	OK	74462	918-967-3368	918-967-3351	M BH D O P OB SA	MTWTh: 7:30-6:30 F: 7:30-5:00
Warner	806 N. Campbell St.	OK	74469	918-463-2837	918-463-2889	M BH DM	MTWThF: 8:00-5:00
Wilburton	802 Hwy 2 North	OK	74578	918-465-0005	918-465-9931	M BH P OB DM SA	MTWThF: 8:00-5:00

Legend: M = Medical | D = Dental | DM = Dental Mobile | BH = Behavioral Health | O = Optometry | P = Psychiatry | OB Services
SA = Substance Abuse (contact the office for office hours)

For the health and safety of our staff and patients, the Health & Wellness Center has implemented policies requesting, that while on any of our campuses, all persons abide by the following rules:

1. No smoking on premises including both tobacco and vapor products
2. No weapons including firearms and knives be carried while on premises (exception to this request is law enforcement personnel while on duty)

PATIENT CENTERED MEDICAL HOME (PCMH): WHAT IS PCMH

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, pharmacist and specialist. As YOUR medical home, SHWC will be responsible for coordinating patient care across multiple settings. In turn we will listen to these needs and focus their education and training to make sure YOU get good quality health care.

PATIENT CENTERED MEDICAL HOME (PCMH): CONTACTING YOUR CARE TEAM

The Health & Wellness Center recognized that health care needs occur 24 hours a day. In order to ensure the most reliable continuity of care possible, we offer the following methods of contacting your Health Team.

During hours, patients may contact their care team by any of the following methods:

1. Use patient portal (<https://myhealthrecord.com>) to send a secure message to the care team
2. Call the clinic directly

After business hours, patients may contact their care team by any of the following methods:

1. For non-urgent situations:
 - a. Use patient portal to send a secure message to the care team that will be answered within 3 business days (<https://myhealthrecord.com>)
2. For urgent need of clinical advice
 - a. Call the clinic directly, where you'll be invited to speak to a clinical team member
3. For emergencies
 - a. Call 9 - 1 - 1

PATIENT CENTERED MEDICAL HOME (PCMH): AGREEMENT

The material contained in this Welcome Packet is intended to constitute an agreement between The Health & Wellness Center and its patients. Together, *SHWC and the patient/parent will achieve 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
- Your Health Team is open and honest in relating the diagnosis and related treatment.
- 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 healthy habits and lifestyles.
- The care team provides access to evidence-based care, patient/family education and self-management support

LETTER TO PATIENTS

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 file claims to your insurance company, Medicaid, SoonerCare, or Medicare on your behalf. If you think you might be eligible for Insurance, including 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 adjusted, 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.

Teresa Huggins, MBA Chief Executive Officer	Brooke Lattimore, MBA Chief Operating Officer	Stephanie Long Chief Financial Officer
Terry Workman, ARNP-CNP Medical Director	Anton Hoang, DDS Dental Director	Jennifer Rhodes, LCSW Behavioral Health Director
Jeremy Roach, OD Optometry Director	Bryon Glover, DPh Pharmacy Director	Teresa Noah, BS, RHIA, CTR Continuous Quality Improvement Coordinator

questions@thwcinc.com

REFERRAL: SPECIALITY & TESTING

The Health & Wellness Center may refer patients 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.

The Health & Wellness Center may offer patients in-house referrals to alternate departments (Behavioral Health, Optometry, Dental, Medical) for immediate (integrated) or future care. Even though this referral would be considered an “in-house” referral, the provider to which you are referred would become part of your Healthcare Team.

REFERRAL: COMMUNITY RESOURCES

The Health & Wellness Center maintains partnerships and information on community resources which may include health, finance, safety and other support systems that benefit the patients we serve. While SHWC may not actively participate in a bidirectional referral process, our staff will be happy to provide information and guide patients to needed resources.

MEDICAL RECORDS

Health and Wellness Center can help you get your records from your previous provider to better care for you.

Please do one of the following to complete an authorization form for your records:

1. Access the Health and Wellness Website (www.thwcinc.com) for an Authorization for Release of Information form to complete and sign and give to one of our Medical Records Clerks to be processed.
2. Sign an Authorization for Release of Information form at any of our clinics to be given to medical records to process with the previous provider’s information.
3. Sign an Authorization for Release of Information with your previous provider for records to be sent to Health and Wellness.

REGISTRATION

Patient will be offered a choice among the providers and specialties available within the clinic. SHWC will provide patients 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. 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 for an urgent situation, every effort will be made to make a same day appointment with your provider or a walk-in provider (if available). Our clinic offers same day appointments for acute care and allots reasonable times for follow-up, preventative care and disease management appointments. The Health and Wellness Center hours of operation can be found in the Facilities section of this document. Arrangements for after-hours services can be made available upon request.

We request patients keep their appointments and arrive on time, in turn, HWC will do everything our staff can to ensure we remain on schedule. 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 & 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, voice concerns and receive answers regarding the course of clinical care recommended by any of our Health Team, 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 of his/her history of symptoms 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.
6. Patients shall provide non-HWC providers information regarding their relationship with Health & Wellness Center, including the HWC care provider name

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. Registration or Outreach & Enrollment staff shall offer Uninsured patients information about how to obtain insurance
5. All patients, insured, underinsured or non-insured may apply for our Sliding Fee program. The Health and Wellness Center offers a "sliding fee" scale that calculates the fee adjustment 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 adjustment. You will be required to re-qualify for our "sliding fee" scale at least annually.
6. After all sliding fee adjustments are applied to charges, the patient is responsible for paying the remaining fees.
7. 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.
8. Please understand that although the cost of x-ray services that we contract for through local hospitals are adjusted, 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.
9. 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.
10. 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.

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

Information regarding your healthcare, including payment for healthcare, is protected by two (2) federal laws: The Health Insurance Portability and Accountability act of 1996 ("HIPAA") 42, U.S.C. S1320d Confidentiality Law 42, U.S.C. 290dd-2 C.F.R. Part 2

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 director 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 Behavioral 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 committed 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.

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, its Board of Directors 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, you were mistreated or your

quality of care was inadequate. 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 2706

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 our staff. Please refer to the Facilities section of this document for contact information.

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. The Health & Wellness Center has computer prescription programs with most pharmacies. Where possible, Prescriptions shall be sent to your specified pharmacy electronically, otherwise, a printed prescription will be provided.
2. 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.
3. Any medication that is lost, misplaced, stolen, destroyed, or finished early may be replaced at the discretion of the provider.
4. 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.
5. You must not share, sell, or otherwise permit others to have access to these medications.
6. All prescriptions should be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed.
7. 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.
8. Refills will be given only during regular office hours.
9. 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.
10. 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.
11. 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.
12. You must provide us with 24 hour 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.
13. 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.
14. 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 PROGRAM & REFILL INFORMATION

Pharmacies

The Health & Wellness Center will send prescriptions to any pharmacy of the patients choosing. HWC operates and contracts with the following pharmacies

HWC Owned Pharmacy

Pharmacy	Address	City	State	Zip	Phone	Fax	Hours
Hoover Drug	1505 E. Main	Stigler	OK	74462	918-967-8321	918-967-4469	M-F: 8:30-5:30

HWC Contracted Pharmacies (*Brick & Mortar*)

Pharmacy	Address	City	State	Phone
Benzer Pharmacy	219 Dewey Avenue	Poteau	OK	918-647-2113
Checotah Pharmacy	1003 W. Gentry	Checotah	OK	918-473-3838
Clif's Pharmacy	505 E. Redwood	Sallisaw	OK	918-776-0100
D & D Pharmacy	1940 N. Broadway	Poteau	OK	918-647-3137
Eufaula Pharmacy	401 S. Main St.	Eufaula	OK	918-689-7701
Main Street Drug	225 W. Main	Wilburton	OK	918-465-9300
Southside Specialty Pharmacy	3416 Old Greenwood Rd	Ft. Smith	AR	479-242-2894
Sullin's Drug	213 W. Broadway	Spiro	OK	918-962-2131

HWC Contracted Pharmacies (*Mail Order*)

Pharmacy	Phone Number
Avella or Deer Valley (Specialty Pharmacy)	877-546-5779
Expedien Rx Pharmacy	866-943-4535

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 or check our website (www.thwcinc.com)

Refills

You may call **your pharmacy** during their regular business hours to request a refill. Please have the pharmacy **e-Send** or **FAX** the refill request to The Health and Wellness Center. Each clinic's fax numbers are listed in the Facilities section of this packet. 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 call your pharmacy prior to picking up your medication.