

PATIENT'S BILL OF RIGHTS

You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right however, does not include any psychotherapy notes, although we may, at your request and on payment of fee, provide you with a summary of these notes. If you would like to inspect your records you must submit a request in writing, which will be filed in your personal health record.

RIGHT TO AMEND: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us in writing to amend the information.

RIGHT TO RECEIVE AN ACCOUNT OF DISCLOSURES:

You have the right to receive an accounting of certain disclosures of your health information that we have made. To request an account of disclosures, you must submit your request in writing.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. **We are not required to agree to your request for restriction if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you.** To request a restriction, you must submit a request in writing.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about health matters in a certain way. We will only contact in a manner that you have designated on your consent for treatment form.

CHANGES TO THIS NOTICE: WE RESERVE THE RIGHT TO CHANGE THIS NOTICE AND TO MAKE THE CHANGED NOTICE EFFECTIVE FOR ALL OF THE HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU, WHETHER IT IS INFORMATION THAT WE PREVIOUSLY RECEIVED ABOUT YOU OR INFORMATION WE MAY RECEIVE ABOUT YOU IN THE FUTURE. WE WILL POST A COPY OF OUR CURRENT NOTICE IN OUR FACILITY. WE WILL ALSO GIVE YOU A COPY OF OUR CURRENT NOTICE UPON REQUEST.

WE RESPECT EACH PATIENT ARE DEDICATED TO DELIVERING THE BEST MEDICAL CARE POSSIBLE. AT OUR

CLINIC, YOU HAVE THE RIGHT TO:

- Receive compassionate and respectful care, regardless of age, sex, race, religion or disability.
- To receive complete and current information from your provider about your diagnosis and treatment and chances of recovery in a manner that is understandable to you.
- To know the name of the provider who is responsible for your health care and any procedure or treatment rendered.
- To receive information from your provider that will assist you in making wise decisions regarding your health care. This information should include the specific treatment, medical risks, and an estimated time to recover from the treatment.
- To receive requested information about your medical options to your proposed care.
- To refuse treatment, as allowed by law, and to be told what might happen to you medically should be your choice.
- To privacy and confidentiality.
- To expect the Center to respond reasonably to your request for medical services. The Center is required to serve you in a way that reflects the urgency of your case.
- To expect reasonable care and to know in advance what appointment times and doctors are available and where.
- To know the Center's rules and regulations that apply to your behavior as a patient.
- To express in writing, any complaints or recommendations concerning the Center.

YOUR RESPONSIBILITIES AS A PATIENT:

- Providing accurate information about current symptoms, past illnesses, hospitalizations, medications, advanced directives and any other matters related to care.
- Following instructions that you and your health care provider has agreed upon.
- Asking questions about your care that you may not understand or have concerns about, including risks of procedures and cost of care.

PATIENT GRIEVANCE POLICY

If you feel that you have been denied a benefit or service due to your race, color, national origin, age, sex, disability, religious or political beliefs, or if you feel that your privacy/confidentiality has been violated, you may file a complaint with the CEO in writing. A written response will be issued to you within 15 days of complaint notice. You may also file a complaint with an external agency. If you choose to file your complaint in writing, you must include your name, address, telephone number and a brief description of the incident. If you need assistance, the CEO will be available to help.

You may also contact the following agencies:

**Department of Social Services
Office for Civil Rights
PO Box 1527
Jefferson City, MO 65102
Phone: 573-751-9092**

**Department of Health and Human Services
Office for Civil Rights
601 E. 12th Street
Kansas City, MO 64106
Phone: 816-426-7277**

You will not be intimidated, harassed, threatened or suffer any penalty because you file a complaint. Law prohibits any penalty or reprisal against you or any other involved person.



DCPHSG, INC. NOTICE OF PRIVACY PRACTICES

This notice describes how Medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

For More Information, Contact:

Linda Smith
Compliance Officer
PO Box 1359
504 NW 10th Ave.
Ava, MO 65608
Phone: 417-683-4831
Fax: 417-683-6153

*Serving the Health Care Needs of
Douglas County and Beyond.....*



OUR PLEDGE

We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of these services. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working in this office, and tell you about ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

► **FOR TREATMENT:** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to the doctors, nurses, technicians, medical students and others who are involved in your care.

► **FOR PAYMENT:** We may use and disclose health information about you to bill and collect payment from you, your insurance company, including Medicare and Medicaid, or other third parties that may be available to reimburse us for some or all of your charges. We may also disclose information to your health plan to assist you in medical referral payments.

► **FOR HEALTH CARE OPERATIONS:** We may use and disclose health information about you for our day-to-day operations, and may disclose information about you to other health care providers involved in your care or to your health plan for use in their day-to-day operations. These uses and disclosures are necessary to run the Health Center and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well.

► **APPOINTMENT REMINDERS:** We may use and disclose health information about you to contact you as a reminder of a scheduled appointment. We will only contact you in a manner that you have specified in the consent for treatment form.

► **HEALTH-RELATED SERVICES AND TREATMENT ALTERNATIVES:** We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you. **Please let us know if you do not wish to be contacted with this information.**

► **FUNDRAISING ACTIVITIES:** We may use health information about you to contact you in an effort to raise money for our non-profit operations. **Please let us know if you do not wish to be contacted.**

► **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may release health information about you to a friend or family member who is involved in your health care, or the person who helps pay for this care.

► **AS REQUIRED BY LAW:** We will disclose health information about you when required to do so by federal, state, or local law.

► **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure however, would only be to someone able to prevent the threat.

► **MILITARY AND VETERANS:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you're as required by military command authorities.

► **WORKERS' COMPENSATION:** We may release health information about you to workers' compensation or similar programs.

► **PUBLIC HEALTH ACTIVITIES:** We may disclose health information about you for public health activities, for statistical purposes only.

► **HEALTH OVERSIGHT ACTIVITIES:** We may disclose health information about you to a health oversight agency for activities authorized by law.

► **LAWSUITS AND DISPUTES:** We may disclose health information about you in response to a court or administrative order.

► **LAW ENFORCEMENT:** We may release health information about you if asked to do so by a law enforcement official.

► **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release health 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 health information about you to authorized federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

► **INMATES:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release health information about you to these officials. This release would be necessary for the institution to provide you with health care and to protect your health and safety or the health and safety of others or for the safety and security of the institution.