



New Patient  
Welcome Packet

# WELCOME TO

## Northeastern Oklahoma Community Health Centers, Inc. (NeoHealth)

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

NeoHealth is a private, non-profit community health center providing comprehensive, primary, and preventative medical 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.

### Hulbert Health Center

(Family Practice, Pain Management,  
Addiction Treatment)

124 E. Main St.  
Hulbert, OK 74441

**Main Phone: 918-772-2879**

**Fax Number: 918-772-1233**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### Hulbert Pharmacy

131 E. Main St.  
Hulbert, OK 74441

**Main Phone: 918-772-2727**

**Fax Number: 918-772-6131**

**Hours: M-F, 8:00 A.M.–12:30 P.M. 1:00 P.M.–5:00 P.M.**

### NeoHealth Muskogee

(Family Practice)

1328 S. York St.  
Muskogee, OK 74403

**Main Phone: 918-683-0470**

**Fax Number: 918-683-0475**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### NeoHealth Pediatrics

1500 E. Downing St., Suite 102  
Tahlequah, OK 74464

**Main Phone: 918-207-0773**

**Fax Number: 918-207-0774**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### NeoHealth Women's Care Center

(OB/GYN, Midwife)

1500 E. Downing St., Suite 208  
Tahlequah, OK 74464

**Main Phone: 918-456-2496**

**Fax Number: 918-456-7108**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### Tahlequah Family Practice

(Family Practice)

1500 E. Downing St., Suite 101  
Tahlequah, OK 74464

**Main Phone: 918-708-3570**

**Fax Number: 918-453-2772**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### NeoHealth Salina Family Medical Center

(Family Practice)

101 E. Ferry St.  
Salina, OK 74365

**Main Phone: 918-434-7440**

**Fax Number: 918-434-7441**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### Tahlequah Extended Care Clinic

(Family Practice)

1500 E. Downing St., Suite 214A  
Tahlequah, OK 74464

**Main Phone: 918-456-0011**

**Fax Number: 918-207-0919**

**Hours: M-F, 7:00 A.M.–7:00 P.M.**

**Saturdays, 7:00 A.M.–3:00 P.M.**

### Tahlequah Health Center

(Family Practice)

1500 E. Downing St., Suite 214  
Tahlequah, OK 74464

**Main Phone: 918-431-0202**

**Fax Number: 918-431-0203**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### Westville Family Medical Center

(Family Practice)

605 W. Buffington Road  
Westville, OK 74965

**Main Phone: 918-723-3997**

**Fax Number: 918-723-3889**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

### Northeastern State University

(Family Practice)

529 North Oak Avenue  
Tahlequah, OK 74464

**Main Phone: 918-444-2126**

**Fax Number: 918-458-2300**

**Hours: M-F, 8:00 A.M.–5:00 P.M.**

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**TO OUR VALUED PATIENTS:**

NeoHealth strives to provide affordable quality 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 (877) 672-6221 if you have any questions regarding your fees. The staff of NeoHealth 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.

***Absolutely NO SMOKING OR VAPING is allowed on our property. Thank you for your cooperation.***

## **BILLING, PAYMENT, and REFERRAL INFORMATION**

NeoHealth’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**

NeoHealth 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. NeoHealth 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**

NeoHealth 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. NeoHealth 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, NeoHealth 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.

Lab fees will not have extra reading charges. The amount the patient pays at NeoHealth 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 call 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 NeoHealth is closed, please call the closest NeoHealth Center and follow instructions provided on what actions to take:**

- **If it is an emergency, please call 9-1-1**

Tahlequah Extended Care 918-456-0011	Tahlequah Family Practice 918-708-3570	Tahlequah Health Center 918-431-0202	NeoHealth Pediatrics 918-207-0773	NeoHealth Muskogee 918-683-0470
Hulbert Health Center 918-772-2879	NeoHealth Women’s Health Center 918-456-2496	NeoHealth Medical Center, NSU 918-444-2126	Salina Family Medical Center 918-434-7440	Westville Family Medical Center 918-723-3997

**If you are more than 15 minutes late for an appointment, you may 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.**

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **CONFIDENTIALITY**

It is the policy of NeoHealth 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.

NeoHealth 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**

NeoHealth 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. NeoHealth 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. NeoHealth 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 every 3 months to annually.
5. NeoHealth 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, NeoHealth reserves the right to reschedule your visit, refer you to another practice, or dismiss you from our practice.

## DISCOUNT DRUG PRICING AND MEDICATION REFILLS

### DISCOUNT DRUG PROGRAM

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

Due to NeoHealth'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 NeoHealth. 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, and call your pharmacy prior to picking up your medication.

Hulbert Health Center <b>918-772-2879</b>	Hulbert Pharmacy <b>918-772-2727</b>	NeoHealth Muskogee <b>918-683-0470</b>	NeoHealth Pediatrics <b>918-207-0773</b>
Tahlequah Family Practice <b>918-708-3570</b>	Tahlequah Extended Care <b>918-456-0011</b>	Tahlequah Health Center <b>918-431-0202</b>	NeoHealth Medical Center, NSU <b>918-444-2126</b>
NeoHealth Women's Care Center <b>918-456-2496</b>	Salina Family Medical Center <b>918-434-7440</b>	Westville Family Medical Center <b>918-723-3997</b>	

## **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 an agreement 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 screens and/or pill counts may be requested. Presence of unauthorized substances, abnormal results or an inaccurate pill count may result in discontinuation of your controlled medications including, but not limited to, opioid analgesics.
13. You must sign an agreement indicating that you acknowledge and understand the Medication Policy of NeoHealth.

Your health care team at NeoHealth 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.

## **PATIENT CENTERED MEDICAL HOME (PCMH) AGREEMENT**

Northeastern Oklahoma Community Health Centers, Inc. (NeoHealth) wants to be YOUR Medical Home. Our goal at NeoHealth 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 NeoHealth Health Team. Your NeoHealth 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:**

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

- NeoHealth 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. NeoHealth will provide clean and understandable instructions.
- NeoHealth 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.
- NeoHealth offers same day appointments for acute care and allots reasonable times for follow-up, preventative care and disease management appointments.
- NeoHealth 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.
- NeoHealth is not responsible for costs for patient specialty care or tests/procedures recommended by our providers.
- NeoHealth will make the referral; however, it is the responsibility of the patient/parent to follow-up with the referral and understands the insurance coverage for the specific referral.
- NeoHealth 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.
- NeoHealth 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. NeoHealth in turn will work to stay on schedule.
- NeoHealth will respect the patient/parent individually. We will not make judgments based on race, religion, gender, gender identity, age or disability.
- NeoHealth 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.
- NeoHealth 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 NeoHealth 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**

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. Under these laws, NeoHealth, may not say to a person outside of NeoHealth that you attend the program or clinic, nor may NeoHealth 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.

NeoHealth must obtain your written consent before it can disclose information about you for payment purposes. For example, NeoHealth 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 NeoHealth can share information for treatment purposes or healthcare operations; however, federal law permits NeoHealth 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 NeoHealth’s premises or against NeoHealth’s 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, NeoHealth 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 NeoHealth 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. NeoHealth 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. NeoHealth 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 NeoHealth’s records, and to request and receive an accounting of disclosures of your health related information made by NeoHealth during the past six (6) years prior to your request. You also have the right to receive a paper copy of this notice.

### **NeoHealth Duties**

NeoHealth 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. NeoHealth is required by law to abide by the terms of this notice. NeoHealth 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 NeoHealth 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 NeoHealth 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.

**Notice of Privacy Practices**  
Your Information. Your Rights. Our Responsibilities.  
Please review this carefully.

**Your Rights**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical records**

- You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical records**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another copy within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take action.

**File a complaint if you feel your rights are violated**

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your choices

### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In the following cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your case
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **In the following cases we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Sharing of HIV-related information
- Sharing of alcohol and substance abuse information

### **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

### **Treating you**

- We can use your health information and share it with other professionals who are treating you.
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition.

### **Running our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  - Example: We use health information about you to manage your treatment and services.

### **Billing for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.
  - Example: We give information about you to your health insurance plan so it will pay for your services

**How else can we use or share your health information?** We are allowed or required to share your information in other ways. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

- We can share health information about you in certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

- We can use or share information for health research.

### **Comply with the law**

- We will share information about you if state or federal laws require us to do so. This includes working with the Department of Health and Human Services to comply with federal privacy laws.

### **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Inmates**

- We can share health information to the correctional institution or law enforcement officials for:
  - The institution to provide you with healthcare
  - To protect your health and safety or the health and safety of others
  - The safety and security of the correctional institution

### **Address workers' compensation and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html).

*Changes to the Terms of This Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.*

*Effective date: April 14, 2003 Revised date: September 18, 2013*



## Application for Sliding Fee

Northeastern Oklahoma Community Health Centers offers patients without insurance a discount on their medical bills if they qualify for our sliding fee scale. The discount percentage is based on the **GROSS** income of **ALL** members of the household and the number of members in the family. If your wish to apply for this discount we need income verification. **Proof of income is required.**

Please list ALL family members:

Name	Date of Birth	Monthly Income

\*\* Patients applying for the sliding fee program are obligated for contact NeoHealth if their income or household status changes, or if they become eligible for insurance.

\*\* Patients must update information on an annual basis to remain on the sliding fee program.

**AFFIDAVIT**

**By signing below, I attest that, as of the date of my signature, the income sources listed constitute all of my household income, and that the family members listed are all solely dependent on that income, or that the explanation provided to verify my income level is truthful. I understand that I have 30 days to provide proof on income or I will be responsible for promptly paying the full charge of all visits.**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Sliding Scale Discount (FOR OFFICE USE ONLY)	
Total household MONTHLY income _____	Total # of household members _____
Total household ANNUAL income _____	
VALID from: _____ TO _____	
(month/day/year)      (month/day/year)	(Authorized Office Staff Signature)

**2018**

**Family Practice**

Poverty Level:	A	B	C	D	E	F
% Federal Poverty	<=100%	101-125%	126-150%	151-175%	176-200%	>=201%
Amount:	\$20	\$30	\$40	\$50	\$60	Full Charge
Family Size = 1	\$12,140	\$15,175	\$18,210	\$21,245	\$24,280	\$24,281
Family Size = 2	\$16,460	\$20,575	\$24,690	\$28,805	\$32,920	\$32,921
Family Size = 3	\$20,780	\$25,975	\$31,170	\$36,365	\$41,560	\$41,561
Family Size = 4	\$25,100	\$31,375	\$37,650	\$43,925	\$50,200	\$50,201
Family Size = 5	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840	\$58,841
Family Size = 6	\$33,740	\$42,175	\$50,610	\$59,045	\$67,480	\$67,481
Family Size = 7	\$38,060	\$47,575	\$57,090	\$66,605	\$76,120	\$76,121
Family Size = 8	\$42,380	\$52,975	\$63,570	\$74,165	\$84,760	\$84,761
Amount to add For Each Family Member Beyond 8:						
	\$4,320	\$5,400	\$6,480	\$7,560	\$8,640	\$8,641

<b>Speciality (OB, GYN, Addiction)</b>						
Poverty Level:	A	B	C	D	E	F
% Federal Poverty	<=100%	101-125%	126-150%	151-175%	176-200%	>=201%
Amount:	\$30	\$40	\$50	\$60	\$70	Full Charge
Family Size = 1	\$12,140	\$15,175	\$18,210	\$21,245	\$24,280	\$24,281
Family Size = 2	\$16,460	\$20,575	\$24,690	\$28,805	\$32,920	\$32,921
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Amount to Add For Each Family Member Beyond 8:						
	\$4,320	\$5,400	\$6,480	\$7,560	\$8,640	\$8,641