

WOODMAN PRIMARY CARE + WELLNESS + CSW
1320 Woodman Drive Dayton OH 45432 (937)223-1781

Client Orientation and Policy

Welcome, as a new client or a continuing client, we hope you find the information enclosed useful. Each year we will ask you to update your file by signing a new agreement and to revisit these policies and procedures. My signature acknowledges receipt of this client orientation policy packet. All clients of Woodman Primary Care, Wellness and/or CSW will be subject to the policy included in the following pages. It is strongly suggested that each client read and understand the conditions that govern their services and requirements. If you have any questions, please bring them to the attention of the staff and/or supervisors immediately.

I understand and agree to abide by the information, policy and procedures included in this packet.

Name (printed please): _____

✕

Client or Parent/Guardian Signature

Date

Witness

Date

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WOODMAN PRIMARY CARE + WELLNESS + CSW
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Client Orientation Policy

Welcome to Woodman Primary Care, Wellness and CSW. Please take this policy book home to use as a reference. This book is provided for information and to help orient you to our group of agencies. Included is the following:

- Mission Statement
- Contact Information
- Hours of Operation
- Client Rules and Expectations
- Clients Rights Policy
- Grievance Procedure Policy
- Quality Improvement Program
- Code of Ethics
- Client Privacy Policy
- Seclusion and Restraint Policy
- Fee Schedule
- Services Available
- Educational Information

EVERY VISIT TO OUR AGENCIES REQUIRES A PICTURE ID OF THE CLIENT OR GUARDIAN AND ALL INSURANCE CARDS THAT COVER THE CLIENT.

ALL CLIENTS MUST NOTIFY THE BILLING PERSON THAT CHECKS YOU IN IF THERE IS ANY CHANGE IN INSURANCE.

Make an Appointment: Please call during the appointment hours listed below 937-223-1781.

Hours are 8:30 am to 5:00 pm Monday, Tuesday, Wednesday and Thursday

Hours are 8:30 am to 2:00 pm on Saturday

Offices are closed on Friday and Sunday

Cancel Appointments:

To cancel an appointment and avoid a no show fee, please call at least 24 hours in advance 937-223-1781, leave a message with your name (spell the last name), your appointment date and time, and the doctor/therapist you are scheduled to see. Messages are date and time stamped to determine if you meet the required time not to incur a no show fee.

Medication Questions:

Call 937-223-1781 Ext 231 10:00 am to 3:00 pm, Mon -Thurs

Message for your Doctor:

Call 937-223-1781 Ext 231 10:00 am to 2:00 pm, Mon -Thurs

Message for your Therapist:

Call 937-223-1781 and use directory for extension. 10:00 am to 5:00 pm, Mon - Thurs

For Emergencies: CALL 911.

We do not provide 24-hour access to services. Please contact Crisis Care at **(937) 224-4646** for after-hours service.

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Mission Statement: We shall provide positive quality care in the field of primary care, alcoholism, drug abuse, mental health, drug addiction and related areas of concern. We shall provide a nurturing and compassionate environment to ensure a safe and supportive atmosphere for change.

Services

We offer a variety of outpatient services, which are designed to meet the individual treatment needs of you, the client.

We provide many services in the medical, mental health and addiction arenas. Some of them are listed below. Please see the description of the services to determine if appropriate for child, adolescent or adult programming is available for a particular service.

- * Assessment
- * Individual Treatment Plans
- * Individual Therapy
- * Non-Intensive Outpatient Program
- * Intensive Outpatient Program & Case Management
- * Adult Educational Group
- * Family Therapy
- * Couples Therapy
- * Family Support/Educational Groups
- * Psychiatric Services
- * Toxicology Screening
- * Addiction Treatment
- * General Family Medicine

Initial Registration

Registration is the first step for the client in accessing services. The registration process includes completion of paperwork necessary to open the client's case. Registration takes about 30 minutes so you are requested to arrive at least 30 minutes prior to your appointment time if this is your first time as a client.

Admissions & Reviews

A clinical supervisor reviews all admissions. Reviews are conducted on a regular basis. Continuation of services is determined based on client progress in treatment as verified by:

- Achievement of goals & objectives from the individualized treatment plan
- Input from client, doctor, nurse, counselor or other service provider
- Results of Screening for drugs
- And client desire to continue services.

Seclusion and Restraint Policy

Woodman Primary Care, Wellness and/or CSW is prohibited to use restraint or seclusion techniques with clients. At no time shall a client be placed in isolation in a locked unmonitored room.

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Discharges

A clinical supervisor approves all discharges. Discharge criteria is based on the client's progress in treatment as verified by:

- Achievement of goals & objectives from the individualized treatment plan
- Input from the client, doctor, nurse, counselor or other service provider
- Results of Toxicology Screening
- Discharge may occur when a breach in the treatment agreement, rules and expectations occur or upon serious infraction of policy.

Hours of Operation

*Hours of operation are subject to the completion of scheduled appointments.

Monday to Thursday 8:30 am – 7:00 pm*

Friday and Sunday CLOSED

Saturday 8:30 am – 3:00 pm*

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TREATMENT- ADULT

Assessment

The assessment is the initial step which provides a comprehensive overview of the client and his/her problems. Assessment is included in all practices whether the client is seeking general medical care, mental health, and alcohol and/or substance abuse treatment. Factors considered in the assessment including past treatment, medical history, functioning in the areas of family, school, employment, health, drug and alcohol, legal, social and other life areas. Strengths available to you to support the treatment process are evaluated as are the client motivation for treatment. Recommendations for additional services, if appropriate, are also a part of the assessment process. Expect the assessment to take about an hour. More time may be required depending on the client's circumstances.

Individual Treatment Plan

At the completion of the assessment, the client and the professional will develop an Individual Treatment Plan. Goals are discussed and the steps needed to accomplish these goals are written and agreed upon. During additional sessions, both client and professional work as a team to attain the goals set forth in your plan.

Individual Therapy

Therapy is designed to help you objectively look at behaviors, feelings and thoughts in situations in which you find difficulty. Therapy can help you to learn more effective ways in dealing and coping with those situations. Therapy is a collaborative effort. You and your therapist will identify your goals, by discussing what you want to have happen. Then you will agree on how you will know when you are making progress. Your therapist will talk to you about a length of time you may expect to continue therapy and to help you see changes. Progress and change can happen, sometimes in a short time or over an extended period.

Non Intensive Outpatient Program (OP)

For clients with an alcohol or drug dependency or abuse diagnosis, the program (OP) meets weekly in a group. Generally, with this group, the client will not have had prior treatment services. This program is for clients that have an external support system that is conducive to or tolerant of the recovery process. The client needs sufficient coping strategies to abstain in a less structured program. Self help group attendance, such as AA/NA, and abstinence are required.

Intensive Outpatient Program (IOP) & Case Management

Also for alcohol or drug dependency or abuse, the Intensive Program (IOP) meets three times a week for three-hour sessions. The client with a diagnosis of alcohol or other drug dependency that has been assessed to need a highly structured program is included here. Often, this client has been through previous treatment and may have significant denial of the presence of alcohol or other drug problems. Many times there is involvement with the court system, employment problems, health and family relationship issues and other life difficulties present. Attendance in an outside self-help group such as AA/NA and abstinence is mandatory. Individual and Family Therapy is part of this program.

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Case management is provided to assist clients in an intensive outpatient program with basic needs or to support the recovery process. Case management may be provided to aid clients who are experiencing difficulty with housing, medical care or other basic services.

Educational Groups

Groups meet one time per week for clients diagnosed with a specific disorder. Some examples of such groups are: Depression, Anxiety, Bipolar, etc. Groups will focus on the educational aspects of the diagnosis such as: What does the diagnosis mean; Wellness strategies; and coping strategies. Groups are formed and held on the basis of client need.

Family Therapy

This service is available as a part of an existing program or as a stand-alone service. It is utilized to address family specific issues of an identified client. What is the client's role within the family unit? What are the barriers for communication and expressing need and feelings with the family members?

Couples Therapy

This service is available as a part of an existing program or as a stand-alone service. It is utilized to address relationship issues of an identified client.

Toxicology Screening

Urine screening can be a part of all services and are done randomly throughout the treatment term as appropriate. Specimens are collected and tested by our in-house lab. The results are part of the client record.

TREATMENT CHILD/ADOLESCENT

The child or adolescent with medical concerns, mental health and/or substance abuse or addiction has different treatment needs than the adult. These programs are designed specifically for children or adolescents emphasizing the physical, intellectual, social and emotional aspect of this developmental period. Early problem identification and a program that serves both the clients' and the families' needs are key to success.

Assessment

As with adult treatment, the assessment provides a comprehensive overview of the client and his/her issues. Assessment includes factors including past treatment, medical history, functioning in the areas of family, school, employment, health, drug and alcohol, legal, social and other life areas. The medical issues and history, mental health history and drug and/or alcohol including past treatment records; functioning in the areas of family, employment, education, health, drug and alcohol use, legal, social, developmental and other life areas. Strengths that are available to support you in the treatment process and client motivation for treatment are also reviewed. Recommendations for additional services are included in the assessment process. The assessment may take one to two hours. A parent/guardian is always included in the assessment process.

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Treatment Plan

The client with the parents or guardian and primary therapist will develop the Individual Treatment Plan. The plan is based on the assessment and establishes the goals for treatment. The client is encouraged to participate in the development of the treatment goals and the treatment plan.

Individual Therapy

Therapy is a collaborative effort. You objectively look at behaviors, feelings and thoughts in situations which you find problematic. Therapy helps you to learn more effective ways in dealing with those situations. You and your therapist will identify your goals—what you want to have happen and then agree on how you'll know when you are making progress. Your therapist will talk to you about the length of time it may take to help you see changes.

Adolescent Non Intensive Outpatient Program

For adolescent clients with alcohol and/or drug dependence or abuse diagnosis, the program meets weekly. Generally, the adolescent client will not have had prior treatment services, but does have an external support system. Clients must have sufficient coping strategies to abstain in this less structured program. Self-help group attendance, such as Ala-Teen are required. Emphasis is on reducing denial of the alcohol or other drug problem and increasing positive coping skills that assist with abstinence. Individual and Family Sessions are a part of the program. The program is available for “primary” or “step-down” care based on individual needs.

Adolescent Intensive Outpatient Program

Supportive treatment for adolescent recovery is a group that meets three times a week for three-hour sessions. The client has a diagnosis of alcohol or other drug dependency and has been assessed to need a highly structured program. Often, this client has been through previous treatment and may have significant denial of the presence of alcohol or other drug problem. Involvement with the court system, having educational struggles, employment problems, health and family relationship issues and other life difficulties are present. Attendance in a self-help group such as Ala-Teen and abstinence is mandatory. Individual and Family Treatment is part of this program.

Family Treatment Group

The family group is for drug and alcohol dependency and meets one night a week for six weeks. Each session is two hours long. Educational in method, the family group learns about mental health and addiction and the exploration of their role in the family system and an introduction to group processes. Groups are held on a client need basis.

Family Therapy

Family Therapy is a service that is available as a part of an existing program or as a stand-alone service. It is utilized to address family issues of an identified client.

Psychiatric Services

Psychiatric services are provided to evaluate the client's needs and may include prescribing medications to clients in response to specific symptoms, behaviors and conditions for which the use of medication is indicated as helpful.

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Client Rules & Expectations

As a client, I agree to the following rules:

- 1) I understand and agree that smoking is not permitted in the building and I will smoke only in designated areas. (Outside at least 25 feet from entry doors)
- 2) I will check in downstairs 15 (fifteen) minutes prior to my scheduled appointment. By arriving more than ten (10) minutes after my scheduled appointment, without notifying my therapist in advance, I may forfeit the session, and am responsible for the missed appointment fee (\$25.00) which must be paid prior to re-scheduling.
- 3) I understand that three missed appointments may result in my dismissal from agency services with the possibility of notice of non-compliance being forwarded to my referral source.
- 4) I will not damage or steal any property of this agency, belonging to the agency, the agency staff or other program participants.
- 5) I will not carry or conceal any weapons - including pocketknives.
- 6) I will agree to abstain from the use of alcohol or other drugs while participating in any of this agency's programs.
- 7) I will not sexually, physically, or verbally assault, threaten or abuse any person.
- 8) I will not possess, sell, or use alcohol or other mood-altering drug while on this agency's premises or property.
- 9) I agree that I will not discuss other program participants' names and/or cases outside of my session. I will respect the confidentiality of all other program participants. I understand that failure to respect confidentiality may lead to expulsion from the program.
- 10) I agree to submit to a urine (tox) screen upon a counselor's request. I understand that I am responsible for payment of the screen within one week of the administration of the screen.
- 11) I will remain on the agency's premises only during scheduled sessions and will leave the building and property promptly once the session has ended.
- 12) I understand that children cannot attend scheduled sessions without prior permission of the counselor. I will provide a responsible caregiver for my child while I am participating in any appointment on this property. I understand this applies to within the building and outside on agency property. The agency is not responsible for the well-being and safety of children. Children must be supervised at ALL times by an adult.
- 13) I understand I must pay a charge for any returned check. (\$30.00) I acknowledge if my check is returned for any reason, I forfeit the privilege of paying by check and must pay in cash or by money order.
- 14) I acknowledge if I do not comply with the rules listed above, my discharge may result. Also notification of my dismissal may be reported to my referral source.
- 15) Any criminal or illegal activity may result in the notification of local Police or Sheriff's Department which may result in criminal prosecution.
- 16) I will promptly pay all charges for services rendered and comply with the terms of my financial agreements.

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Client Rights Policy

Every client served by Woodman Primary Care, Wellness and/or CSW has the following rights:

- The rights of clients shall include, but not be limited to, the following:
- The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- The right to receive services in the least restrictive, feasible environment.
- The right to be informed of one's own condition.
- The right to be informed of available program services.
- The right to give consent or to refuse any service, treatment or therapy.
- The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it.
- The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
- The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies or photographs.
- The right to consult with an independent treatment specialist or legal counsel at one's own expense.
- The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
- The right to have access to one's own client record in accordance with program procedures.
- The right to be informed of the reason(s) for terminating participation in a program.
- The right to be informed of the reason(s) for denial of a service.
- The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS.
- The right to know the cost of services.
- The right to be informed of all client rights.
- The right to exercise one's own rights without reprisal.
- The right to file a grievance in accordance with program procedures.
- The right to have oral and written instructions concerning the procedure for filing a grievance.

If you feel at any time your client rights have been violated, please ask to speak to the Client Rights Officer.

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Grievance Procedure Policy

Grievance Forms are available from the Check-In desks or any Supervisor. The form includes a submission envelope that identifies who the grievance is to be directed. Grievance forms are also included in the admission packets, available in the Billing Department, Check-In area upstairs and from the Grievance Representative. A valid grievance must be filed within 30 days of the event being referenced in the filing.

- 1) Any employee may accept a completed grievance
- 2) The Grievance Representative will make contact with the griever within 48 hours of the receipt of the grievance. The Grievance Representative will determine if there is any additional assistance needed. Also, a full explanation of the process will be discussed.
- 3) All witness interviews, security tapes and subjects of the grievance will be interviewed and all information will be documented in writing.
- 4) The Grievance Committee will serve to gather information and make a recommendation to resolve the grievance.
- 5) The Grievance Committee will produce the written notification and explanation of the resolution to the griever within 48 hours of the resolution. If there is any client information required to be included in the notification or explanation, that client must provide permission for inclusion of the information in the report.
- 6) Every report must include the option of the griever to initiate a complaint with any or all of several outside entities, specifically the community mental health board, the Ohio department of mental health, the U.S. department of health and human services, and/or appropriate professional licensing or regulatory associations. Contact information is included in this policy and will be included with the grievance instructions at the time of the grievance form request.
- 7) If the client initiates a complaint with any agency other than Woodman Primary Care, Wellness and/or CSW, the Grievance Rep will contact the griever and secure written permission to provide all relevant information about the grievance to one or more of the organizations specified in this policy to which the griever has initiated a complaint.

Organization names addresses and phone numbers

Drug Addiction & Mental Health Services Board
409 E Monument Avenue Suite 102
Dayton OH 45402
(937) 443-0416

Ohio Department of Mental Health
30 East Broad Street
Columbus OH 43215
(614) 466-2297

Ohio Dept of Alcohol & Drug Addiction Services
2 Nationwide Plaza
280 North High Street, 12th Floor
Columbus OH 43215
(614) 466-3445

US Department of Health & Human Services
Civil Rights Regional Office in Charge
175 West Jackson Boulevard, Suite A-1332
Chicago IL 60604
(312) 353-8311

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FEE SCHEDULE
As of January 1, 2016

MENTAL HEALTH SERVICES		
Service	Fee	With Cash Discount *
New Client Doctor Visit	\$ 235.00	\$ 150.00
Therapist Assessment	\$ 180.00	\$ 80.00
Doctor Follow-Up Visit	\$ 115.00	\$ 80.00
Therapist Follow-Up Visit	\$ 120.00	\$ 65.00

* Discount available only for individuals who pay-in-full on the day of service.

RECOVERY AND PRIMARY CARE SERVICES		
Service	Fee	With Cash Discount *
Suboxone Initial Visit	\$ 240.00	\$ 220.00
Suboxone Induction	\$ 175.00	\$ 150.00
Urine Test Cup	\$ 35.00	\$ 30.00
Blood Draw	\$ 30.00	\$ 20.00
High Complexity Urine Screen	\$ 60.00	\$ 30.00
Suboxone Ongoing Doctor Visit	\$ 150.00	\$ 132.00
Suboxone Ongoing Therapy	\$ 130.00	\$ 120.00

* Discount available only for individuals who pay-in-full on the day of service.

ADMINISTRATIVE SERVICES **		
Missed Appointment Fee	\$25.00	Notify 24 hours prior to avoid fee
Returned Check Fee	\$30.00 each	Per check – no checks in future
Copy Medical Records	\$2.74	Page 1 to 10
	\$0.57	Each page 11 through 50
	\$0.23	Each page over 50
Written Letters (School/Employer)	\$25.00	Must give 2-week notice prior
Paperwork Completion	\$ 25.00 - \$75.00	One week advance notice
Paperwork for Doctor Completion	\$50.00 - \$150.00	Requires Appointment
Court/Agency Reports	\$ 60.00 - \$ 150.00	Dependent on Signatory
Court Appearances	\$250.00 - \$350.00 per hour	Includes transportation time

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Missed Appointment

All appointments must be cancelled 12 hours in advance of the scheduled time. Failure to cancel in advance and not attending the appointment will result in a \$25.00 fee. This fee must be paid prior to your next appointment. Two or more no shows may result in termination of your treatment.

Description of Continuous Quality Improvement Program

Woodman Primary Care, Wellness and/or CSW has a philosophy of Continuous Quality Improvement (CQI) for the organizations and a Quality Improvement program to insure the practice of a QI philosophy and continuous improvements to the organization.

Client Input

Client input is an important part of this process. As a client, you will be given the opportunity during and after treatment to provide input regarding services you receive. You will be asked (through the use of surveys) about the quality of care you received as well as your satisfaction with services. You may also complete a suggestion card at any time (located in the main lobby).

Family Member Input

Often times, family members are good sources of information on how well the agency was able to help a client. We may ask you to take a survey home for a family member to complete. Suggestion cards are also available to family members in the main lobby.

Outcomes & Follow-up

The agency is also interested in the effectiveness of the services provided; as a result, you may be contacted after you complete treatment. Participation is voluntary, but is encouraged. You will be asked a few simple questions regarding your current status of relationships with your family, employment, legal entities and other areas. Your responses are strictly confidential and will not be reported to any outside sources.

How will this information be used?

We will use the results of client surveys, family member surveys and the follow-up information to gauge the efficiency and effectiveness of programming. Through this process the agency wants to know:

- “Were we able to help you?”
- “What could we have done differently to help you more?”
- “Were you satisfied with the services you received?”

The feedback received will be used to make changes within the organization to help the agency serve clients more effectively.

For questions of more information about our Continuous Quality Improvement Program please speak with the QA/QI Director.

We appreciate your willingness to improve our services to you! Thank You.

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Client Privacy Policy

THIS NOTICE DESCRIBES HOW YOUR HEALTHCARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting the privacy of healthcare information is a responsibility we take very seriously. We understand that healthcare information is personal and the importance of keeping it confidential. We are committed to our established practices and procedures to protect the confidential nature of your healthcare information.

This notice describes the ways in which we may use and disclose your healthcare information to carry out treatment, payment and healthcare operations, and for other purposes as permitted or required by law. It also describes your rights and our duties regarding the use and disclosure of healthcare information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. This notice was published and became effective on January 5, 2010, and will remain in effect until replaced.

Our Duties Regarding Your Healthcare Information:

We are required by applicable federal and state law to:

- Maintain the privacy of your medical information;
- Provide you with this notice about our privacy practices, our legal duties, and your rights concerning your medical information; and
- Follow the privacy practices that are described in this notice.

Your Rights Regarding Your Healthcare Information - Access:

You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice or ask at the reception desk for a copy of the form.

If you request copies, you will be charged for the copies, staff time to locate and copy your medical information, and postage to mail the copies to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting:

You have the right to receive a list of instances in which we disclosed your medical information for purposes, other than treatment, payment, healthcare operations or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

WOODMAN PRIMARY CARE + WELLNESS + CSW
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Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing with the authorized signature.

Confidential Communications:

You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment:

You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Contact for Questions and/or Concerns:

If you want more information about our privacy practices, please contact:
HIPPA Officer; 1320 Woodman Drive, Dayton OH 45432, 937-223-1781, Fax: (937) 424-0279

If you are concerned that your privacy rights may be violated, or you disagree with a decision about access to your healthcare information or in response to a request you made to amend or restrict the use or disclosure of your healthcare information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed above. You also may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your healthcare information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Organizations Covered by this Notice: Woodman Primary Care, Wellness and/or CSW. These organizations are each participants in an organized healthcare arrangement. As such, we may share your healthcare information and the healthcare information of others we service with each other as needed for treatment, payment or healthcare operations relating to our organized healthcare arrangement.

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Uses and Disclosures of Medical Information:

We use and disclose medical information about you for treatment, payment, and healthcare operations.

For example:

In Treatment We may use your medical information to treat you or disclose your medical information to a physician or other healthcare provider providing treatment to you.

For Payment: We may use and disclose your medical information to obtain payment for services we provide to you.

Through our Healthcare Operations: We may use and disclose your medical information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We may not disclose your medical information except for:

For You and on Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

For Your Family and Friends: We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

For Appointment Reminders: We may use your medical information to contact you to provide appointment reminders.

For Persons Involved In Your Care: We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

As Required by Law: We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement, if Required: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law

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enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

To Report Abuse or Neglect: We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

For National Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and certain other national security activities.

Uses and Disclosures of Certain Types of Medical Information: For certain types of medical information we may be required to protect your privacy in ways more strict than we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your medical information.

If You Have HIV Information: We may not disclose HIV information unless required by law, pursuant to an authorization or the disclosure is to you or your personal representative; to healthcare personnel providing care to you; pursuant to appropriate subpoena or court order; to persons who may be at risk of infection in accordance with state rules.

If You Have Alcohol and Drug Abuse Information: We may not disclose your medical information that contains alcohol and drug abuse information except to you, your personal representative or pursuant to an authorization or as may be allowed by law.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS

Confidentiality of Client Records

A. Disclosure authorization:

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (E) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (B) of this section.

B. Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent

(1) The content of any record referred to in subsection (A) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (G) of this section.

(2) Whether or not the patient, with respect to whom any given record referred to in the subsection (A) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(a.) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(b.) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(c.) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefore. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

C. Prohibition against use of record in making criminal charges or investigation of patient

Except as authorized by a court order granted under subsection (B)(2)(c.) of this section, no record referred to in subsection (A) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

D. Continuing prohibition against disclosure irrespective of status as patient - The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

E. Armed Forces and Veterans' Administration; interchange of record of suspected child abuse and neglect to State or local authorities. The prohibitions of this section do not apply to any interchange of records:

(1) Within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) Between such components and the Armed Forces.

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The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

F. Penalty for first and subsequent offenses - Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

G. Regulations of Secretary; definitions, safeguards, and procedures, including procedures and criteria for issuance and scope of orders - Except as provided in subsection (H) of this section, the Secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (B)(2)(c.) of this section, as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

Purpose and Effect

A. Purpose

Under the statutory provisions quoted in §§2.1 and 2.2, these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program. The regulations specify:

- (1) Definitions, applicability, and general restrictions in subpart B
- (2) Disclosures which may be made with written patient consent and the form of the written consent in subpart C;
- (3) Disclosures which may be made without written patient consent or an authorizing court order in subpart D; and
- (4) Disclosures and uses of patient records which may be made with an authorizing court order and the procedures and criteria for the entry and scope of those orders in subpart E.

B. Effect

- (1) These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstances exists under which disclosure is permitted, that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus, the regulations do not require disclosure under any circumstances.
- (2) These regulations are not intended to direct the manner in which substantive functions such as research, treatment, and evaluation are carried out. They are intended to insure that an alcohol or drug abuse patient in a federally assisted alcohol or drug abuse program is not made more vulnerable by reason of the availability of his or her patient record than an individual who has an alcohol or drug problem and who does not seek treatment.

Want information regarding symptoms and treatment of HIV/AIDS, Hepatitis B,
Hepatitis C Viral Infection, or Tuberculosis (TB)?

Ask for our Education Packet at the Check-In Desk downstairs.