

**WELLNESS CARD LLC + WOODMAN PRIMARY CARE LLC +
CommuniKare LLC**

1320 Woodman Drive Dayton OH 45432 (937)223-1781

Client Orientation and Policy

My signature acknowledges receipt of this client orientation policy packet. All clients of Wellness Card LLC or Woodman Primary Care LLC or CommuniKare Behavioral Health Services LLC 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.

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

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

Name (printed please): _____

X

Client or Parent/Guardian Signature

Date

Witness

Date

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**WELLNESS CARD LLC + WOODMAN PRIMARY CARE LLC +
CommuniKare LLC**

1320 Woodman Drive Dayton OH 45432 (937)223-1781

Welcome!

Welcome to Wellness, Woodman Primary Care and CommuniKare. 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.

Make an Appointment:

Please call during the **appointment hours** listed below 937-223-1781.

Hours are 9:30 am to 4:00 pm Monday, Tuesday, Wednesday, Thursday and Friday

Hours are 9:30 am to 2:00 pm on Saturday

Offices are closed on 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 302 10:00 am to 3:00 pm, Mon -Thurs

Message for your Doctor:

Call 937-223-1781 Ext 302 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 - Fri

We do NOT provide 24-hour access to services.

Please contact Crisis Care at (937) 224-4646 for after-hours service.

For Emergencies: CALL 911

ALL CLIENTS MUST NOTIFY WHEN YOU CHECK-IN OF ANY CHANGE IN INSURANCE.

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Mission Statement

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

Services

We offer a variety of client services, which are designed to meet the individual treatment needs of you, the client. We provide 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 | * Couples Therapy |
| * Individual Treatment Plans | * Family Support/Educational Groups |
| * Individual Therapy | * Psychiatric Services |
| * Non-Intensive Outpatient Program | * Toxicology Screening |
| * Case Management | * Addiction Treatment |
| * Adult Educational Group | * General Family Medicine |
| * Family Therapy | |

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 to 45 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, therapist or another service provider
- Results of Screening for drugs
- And client desire to continue services.

Discharge

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 another service provider reviewing the assessment, treatment plan and client needs or wants
- Results of Toxicology Screening showing definite use of illegal substances
- Discharge may occur when a breach in the treatment agreement, rules and expectations occur or upon serious infraction of policy.

Seclusion and Restraint Policy

Wellness LLC and/or Woodman Primary Care LLC and/or CommuniKare employees, providers, interns, volunteers, and staff are **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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Hours of Operation *Hours of operation are flexible, subject to the completion of scheduled appointments.

Monday to Friday 8:30 am – 6:00 pm*

Saturday 8:30 am – 3:00 pm*

Sunday **C L O S E D**

TREATMENT- ADULT

Assessment

The assessment is the initial step which provides a comprehensive overview of the client and his/her problems. An Assessment is included in all practices whether the client is seeking general medical care, mental health, and alcohol and/or substance abuse treatment. Many factors are considered in the assessment including past treatment, medical history, functioning in the areas of family, gender, age, school, employment, health, drug and alcohol, legal, social and other life areas. Strengths that are 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 or more. 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. The Treatment Plan is a cooperative venture. During additional sessions, both client and professional work as a team to attain the goals set forth in your plan. If medication is a part of your treatment plan, a Doctor or Nurse Practitioner may be added to the treatment team to manage the need for prescribed medicine. Group Therapy, Family Therapy and/or Couples Therapy may also be included in your Plan. Your input is the most important as you are agreeing to follow the items in the Treatment Plan. Success is not automatic, there is hard work and perseverance that comes with any change. The providers are willing to support you while you are working to meet your goals. Relapse may be a detour from your treatment so enlisting family, friends and others for support may give you helping hand to start again.

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. There is no magic pill that gives you health or sobriety. The team here is more than willing to help you on this journey, there is no expiration date to being at your best.

Non-Intensive Outpatient Program (OP)

For clients with an alcohol or drug dependency or abuse diagnosis, the Outpatient Program (OP) meets weekly in a group. Generally, with this group, the client may 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. Individual therapy may be combined

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with group especially in the early stages of addiction. Also, Attendance at self-help groups, such as AA or NA is recommended; and abstinence is required.

Case Management

The client with a diagnosis of alcohol or other drug dependency that has been assessed to need life skill assistance has case management support as well. Often, the client has been through previous treatment and may have significant denial of the presence of alcohol or other drug problems. When there is involvement with the court system, employment problems, health and family relationship issues and other life difficulties present, case management may provide the help for success. Case management is provided to assist clients with basic needs or to support the recovery process. Case management may be provided to aid clients who are having trouble with housing, medical care or other basic services. Attendance in group therapy, or an outside self-help group such as AA/NA and abstinence is helpful. Individual and Family Therapy is part of this program.

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. These Groups focus on the educational aspects of the diagnosis such as: What does the diagnosis mean? What are 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? These are typical issues we discuss. Family therapy can be many things to many people, with family so many components are in play. Find the strength that family therapy can provide. Learn how not to react in our role as child, sibling, or niece or nephew. Work and interact together as adults.

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. What roles are most important to your significant other? Is this a help or barrier to the relationship. Are there practices routines that always spell trouble? How to identify them and choose a new course.

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 your client record. Showing positive for illegal drug use over time may lead to your discharge in the program.

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. All providers within this program must be at least 18 years old.

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Assessment

As with adult treatment, the child/adolescent 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.

Treatment Plan

The client, parent and/ or guardian and the 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 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.

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. As in the adult family therapy, we examine the roles and how family members may support and help the client. 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.

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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 late by more than ten (10) minutes, after my appointment time, and not notifying my therapist in advance, I may forfeit the session, and am responsible for a missed appointment fee (\$35.00).
- 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 property belonging to the agency, or the employees or other participants.
- 5) I will not carry or conceal any weapons - including pocketknives.
- 6) I agree to abstain from using, selling or possessing alcohol or drugs, while participating in agency programs.
- 7) I will not sexually, physically, or verbally assault, threaten or abuse any person.
- 8) 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 or it may lead to expulsion from the program.
- 9) 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.
- 10) 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.
- 11) I understand that children cannot attend sessions without prior permission of the counselor. I will provide a responsible caregiver for my child while in any appointment on this property. I understand this applies in the building and out on agency property. The agency is not responsible for the well-being and safety of children. Children must have adult supervision at ALL times.
- 12) I understand I must pay a charge (\$35.00) for a returned check. I understand if my check is returned for any reason, I forfeit the privilege of paying by check and must pay in cash, charge or by money order.
- 13) 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.
- 14) Any criminal or illegal activity may result in the notification of local Police or Sheriff's Department and may result in criminal prosecution.
- 15) 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 has the:

- Right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- Right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;
- Right to receive services in the least restrictive, feasible environment;
- Right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
- Right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
- Right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
- Right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
- Right to be informed and the right to refuse any unusual or hazardous treatment procedures;
- Right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, television, movies, photographs or other technology. This does not prohibit an agency from using closed circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas.
- 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;
- Right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for restriction a goal to remove the restriction, and the treatment being offered to remove the restriction;
- Right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or nor necessary;
- Right to be informed of the reason for denial of service.
- Right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
- Right to know the cost of services;
- Right to be verbally informed of all client rights, and to receive a written copy upon request;
- Right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- Right to file a grievance.
- Right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- Right to be informed of one's own condition,
- and to consult with an independent treatment specialist or legal counsel at one's own expense.
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****If you feel at any time your client rights have been violated, please ask to speak to the Client Advocate.

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Grievance Procedure Policy

If a client has grievance that they have not been able to resolve, the Client Grievance Procedure is the proper vehicle to get resolution.

1. All grievances must be written. It can be written by the client or dictated by the client with the Client Advocate transcribing it. Forms with instructions are available at the check-in lobby on the first floor. During the office hours of: M-F 10:00 am to 4:00 pm, a client advocate is available to assist in the filing of a grievance. The client advocate will be listed with the Doctors Schedule each month. A grievance may be filed with or without the aid of the Client Advocate.
2. Every grievance must be dated and signed by: a) the client, b) the individual filing the grievance on behalf of the client or 3) have an attestation by the client advocate that the written grievance is a true and accurate representation of the client's grievance.
3. The grievance includes, if available, the date, approximate time, description of the incident and names of the individuals involved in the incident or situation being grieved.
4. A written acknowledgement of receipt of the grievance will be provided to each grievant. Such acknowledgment shall be provided within three business days from the receipt of the grievance. The acknowledgment includes:
 - Date of Grievance was received;
 - Summary of Grievance;
 - Overview of the grievance investigation process;
 - Timetable for completion of investigation and notification of resolution; and
 - Provider contact name, address and telephone number.
5. The client may file a grievance with outside organizations, that include, but are not limited to:
 - Ohio Department of Mental Health and Addiction Services
 - Disability Rights Ohio
 - US Department of Health and Human Services
 - Civil Rights Regional Office in Chicago. (See below for address & phone.)
6. A Resolution Decision will be made within twenty business days of the receipt of the grievance. Any extenuating circumstances indicating that the time period will need to be extended must be documented in the grievance file and written notification given to the client.

Contact information is included in this policy and with the grievance instructions at the time of request.

Organization names, addresses, and phone:

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

Ohio Department of Mental Health & Addiction Services
30 East Broad Street, 36th Floor
James A Rhodes State Tower
Columbus OH 43215
(614) 466-2596

Office for Civil Rights U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-800-368-1019

Office for Civil Rights US Dept H&H Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(312) 886-2359

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FEE SCHEDULE

As of March 17, 2020

MENTAL HEALTH SERVICES				
Service	Fee	Elite Plan** Plus Monthly dues	Cash Pay 100% Now*	Self Pay In Lieu
New Client Doctor Visit	\$ 235.00	\$ 70.00	\$ 150.00	\$170.00
Therapist Assessment	\$ 180.00	\$ 55.00	\$115.00	\$ 130.00
Doctor Follow-Up Visit	\$ 115.00	\$ 40.00	\$85.00	\$95.00
Therapist Follow-Up Visit	\$ 120.00	\$ 35.00	\$80.00	90.00

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

** Does not include \$35.00 monthly fee.

RECOVERY A SERVICES			
Service	Fee	Monthly Pkg	Includes
Suboxone Initial Monthly Charge	\$ 850.00	\$ 400.00	1 month of services: Initial Psych Eval, Treatment Plan Bloodwork, 30 days of Medication Prescriptions, (Not including Medicine) 4 Urine screens including 1 confirmation 4 Group Sessions 1 Individual Therapy session

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

ADMINISTRATIVE SERVICES **		
Missed Appointment Fee	\$35.00	Notify 12 hours prior to avoid fee
Returned Check Fee	\$35.00 each	Per check – no checks in future
Copy Medical Records* *If more than 2 years since active, \$18.00 search fee added.	\$3.07 \$0.64 \$0.26 Plus postage if mailed	Page 1 to 10 Each page 11 through 50 Each page over 50
Written Letters (School/Employer)	\$30.00	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	Including transportation time

All appointments must be cancelled **12 hours** in advance of the scheduled time.

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Description of Continuous Quality Improvement Program

Wellness and Woodman Primary Care has a philosophy of Continuous Quality Improvement (CQI) for the organizations and a Quality Improvement (QI) 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 completing 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?”
- “Are 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.

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:

Individuals have a right to an accounting of the disclosures of their protected health information by a covered entity or the covered entity's business associates. The maximum disclosure accounting period is the six years immediately preceding the accounting request, except a covered entity is not obligated to account for any disclosure made before its Privacy Rule compliance date.

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Restriction:

Clients have the right to request to restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death. A covered entity is under no obligation to agree to requests for restrictions. A covered entity that does agree must comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.

Confidential Communications:

Clients may request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs. For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, a client may request that the provider send communications in a closed envelope rather than a post card.

Health plans must accommodate reasonable requests if the individual indicates that the disclosure of all or part of the protected health information could endanger the individual. The health plan may not question the individual's statement of endangerment. Any covered entity may condition compliance with a confidential communication request on the individual specifying an alternative address or method of contact and explaining how any payment will be handled.

Amendment:

The Rule gives individuals the right to amend their protected health information in a designated record set when that information is inaccurate or incomplete. An Amendment request, must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that the covered entity knows might rely on the information to the individual's detriment. If the request is denied, a written denial and the allowance for the individual to submit a statement of disagreement for inclusion in the record. The Rule specifies processes for requesting and responding to a request for amendment.

Contact for Questions and/or Concerns:

If you want more information about our privacy practices, please contact:

HIPAA 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: Wellness Card LLC and Woodman Primary Care LLC and CommuniKare LLC

These organizations participate 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, but only with your written permission.

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Uses and Disclosures of Medical Information:

We use and disclose medical information about you for treatment, payment, and healthcare payment 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 such as 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 section above 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 care or for 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 and able, then prior to use or the 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.

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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 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 official's medical 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 stricter 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

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY;”

Types of uses and disclosures that the program may make without the client's consent or authorization.

- For substance abuse treatment programs;
- In connection with treatment, payment or health care operations;
- To qualified organizations who provide services for treatment, payment or health care;
- In medical emergencies;
- Authorized by court order;

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- To auditors and evaluators;
- To researchers if the information will be protected as required by Federal regulations;
- To report suspected child abuse or neglect;
- and to report a crime or a threat to commit a crime on program premises or against program personnel.

Other disclosures will be made only with the client's written consent or authorization which can be revoked, unless the program has taken action in reliance on the consent or authorization. The program may contact the client to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the client; It is required by law to maintain the privacy of PHI and to notify clients of its legal duties and privacy practices, including any changes to its policies; The program must abide by the terms of the notice currently in effect; The program reserves the right to change the terms of its notice and to make the new notice provisions effective for all information it maintains; Wellness and Woodman Primary care will provide clients with a revised notice of its practices.

Purposes and circumstances of disclosure affecting consenting clients regardless of consent:
The content of any record referred to above may be disclosed in accordance with the prior written consent of the client 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.

Whether or not the client with respect to whom any given record referred gives his written consent, the content of such record may be disclosed as follows:

- To medical personnel to the extent necessary to meet a bona fide medical emergency.
 - 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 client in any report of such research, audit, or evaluation, or otherwise disclose client identities in any manner.
- 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 client, to the physician-client 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.

Under the statutory provisions these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse client 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.
- (2) Disclosures which may be made with written client consent and the form of the written consent
- (3) Disclosures which may be made without written client consent or an authorizing court order
- (4) Disclosures and uses of client records which may be made with an authorizing court order and the procedures and criteria for the entry and scope.

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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.