



WELCOME TO DAYSPRING

Informational Packet

WHO WE ARE

Dayspring Health is made up of primary care clinics (located in Jellico and Clairfield, TN, and Williamsburg, KY) founded on the belief that everyone should have access to affordable, quality healthcare. We believe that our patients should begin life with hope, experience life with joy, and end life with dignity.

PCMH: Dayspring has been recognized as a **Level 3 Patient-Centered Medical Home**. A medical home provides care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. Our experienced staff consists of Family Medicine Physicians, Physician Assistants, and an OB/GYN. Our care teams are comprised of a physician, physician assistant/nurse practitioner, and a nurse who work closely together to meet the needs of our patients with quality and safety.

Integrated Care: Dayspring is dedicated to providing primary care and mental health services to our patients. Because physical and emotional problems often go together, we believe the best care is given when health care providers work together. Dayspring patients may be referred from one provider to other health care specialists within Dayspring's treatment team. Members of the treatment team will share clinical information with each other as clinically necessary. Patients may be seen by our Behavioral Health staff during a scheduled appointment or through a referral from their medical provider.

The Dayspring Professional staff depend on statements made by the patient, the patient's medical history, and other information to evaluate his/her condition and decide on the best treatment. The evaluation and treatment of children and adolescents often requires the involvement of the parents(s) and/or other family members. Some services at Dayspring Health may involve the use of telemedicine equipment and interaction with providers who are not physically onsite. These sessions are transmitted via secure, dedicated high-speed lines and are not videotaped, routed through the internet or saved in any way.

SERVICES WE OFFER

Dayspring is a medical home for the whole family, providing care for children, adults, and pregnant woman. We provide a full spectrum of health care including...

- ❖ **Same Day Appointments** for Acute or Chronic Needs
- ❖ **Adult Care** to help manage chronic diseases such as diabetes, hypertension, asthma, COPD, depression. We also provide geriatric care for the special needs of our elderly population.
- ❖ **Pediatric Care** including Well Child exams, immunizations, school/sports physicals
- ❖ **OB Care** including 3D-4D OB Ultrasounds, High Risk OB consultations, free pregnancy test, birthing classes, prenatal care, and newborn care
- ❖ **Women's Health Care including** Gyn consultations and ultrasounds for menstrual disorders, infertility, menopause, pelvic pain, urinary incontinence. Our clinics also offer routine pap smear as well as manage abnormal paps with colposcopies and LEEP
- ❖ **Family Planning** including birth control pills, Depo Provera Injections, Nexplanon placement, IUD placement, tubal ligations (sterilizations) for women, and vasectomies for men
- ❖ **Office Procedures** including joint injections, biopsies, and wart removals
- ❖ **Behavioral Health** is offered at Dayspring Jellico and Williamsburg
- ❖ **DOT Physicals, Medicare Wellness Exams, Referrals to specialists**
- ❖ **Lab Testing**
- ❖ **School Based Clinics** at Williamsburg Independent Schools and University of the Cumberlands.
- ❖ **Dental Health** at our Dayspring Dental Clinic, Williamsburg KY



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CARE MANAGEMENT SERVICES

Dayspring has a team of compassionate care managers, committed to coordinate and link our patients to resources in our community. They are available to assist with:

- Better understanding your medical or behavioral health conditions
- Overcoming drug, alcohol, and tobacco addictions
- Arranging transportation to and from appointments
- Dealing with stress, depression, and anxiety
- Finding safety from abusive relationships
- Finding food, clothing, or furniture
- Finding and applying for insurance as well as assisting with our sliding scale application

Ask to speak with a care manager at the time of your appointment or call them directly at:

Dayspring Jellico

423-784-5771 Ext. 139

Dayspring Clairfield

423-784-6135 Ext. 408

Dayspring Williamsburg

606-549-2656 Ext 316

NEED AN APPOINTMENT, MEDICATION REFILL, ADVICE, OR A TEST RESULT?

- ❖ **Routine or Follow up Appointments** can be made by calling any of our clinics directly.
- ❖ **Same-day Appointments** can be made by calling our clinics. If your primary clinic is full and one of our other facilities has an opening, you have the option to go to one of our other sites. If there are no available appointment slots that day, our nursing staff will contact you on how best to address your needs.
- ❖ **Medication refills** may be requested through our refill line at **423-784-7007**. You can also request refills through the patient portal if you have access.
- ❖ **Clinical Advice** Our nursing staff is available during office hours Monday thru Friday to offer clinical advice or schedule an appointment with a provider. Call your clinic to be directed to our triage staff. Please call 911 for all life threatening emergencies.
- ❖ **Test results** can take up to 2 weeks to get back. Typically, your provider will contact you with your results via phone or a letter. If you have not heard from our care team, please contact your clinic. A message will be directed to our triage staff for a return call.
- ❖ **Referrals to specialists** are made by our providers at the time of your appointment.

AFTER HOURS/WEEKENDS/HOLIDAYS

We always have an experienced physician available to answer your urgent questions. Contact our messaging service at **1-866-670-1270** where you will leave a message for a physician to return your call. Our providers are available to answer any urgent clinical questions, but will not be able to prescribe or refill medications or provide test results after hours.

OFFICE HOURS AND PHONE NUMBERS

Dayspring Jellico

423-784-5771

M 8:30 AM - 9:00 PM

T-F 8:30 AM - 5:00 PM

Sat 9:00 AM – Noon

Dayspring Clairfield

423-784-6185

M-F 8:30 AM - 5:00 PM

Dayspring Williamsburg

606-549-2656

M-Thr 8:30AM - 9:00PM

Fri 8:30 AM - 5:00 PM

Sat 9:00 AM – Noon

Dayspring Dental

606-765-6080

M-Th 9 AM – 8:00 PM

F 9 AM – 5:00 PM

Sat By Appt

Dayspring WISD

423-784-5771

M-F 8:00 AM – 3:00 PM

Closed when WISD closed

Corporate Office

423-784-8492

M-F 8:30 AM - 5:00 PM



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Clinic Closures - Occasionally we may have to close the clinic expectantly for weather or utility related issues. Clinic closures will be announced on Facebook and our website.

Visit us at our website www.dayspringfhc.com or follow us on Facebook at facebook.com/dayspringfhc

MEDICAL RECORDS SERVICES

Your privacy and health information are very important to us. Should you desire to release your records or want us to communicate with family or other authorized representatives; you will need to complete the appropriate consents. These forms are available at our website and at the clinics.

- ❖ **Release of Medical Records Consent** authorizes your medical records to be sent to a designated entity. Please complete this consent if you wish to release your medical records to or from our practice. Contact our Medical Records Dept if you need any assistance **423-784-5771 ext 328**
- ❖ **Authorization of Medical Information and Privacy Notice** gives us permission to leave a voice mail, release medical or billing records to family and friends, and authorize someone to pick up prescriptions, orders, and supplies.
- ❖ **Patient Portal** - Dayspring's Patient Portal allows you to securely access your personal medical information such as lab and radiology results, medical history, and medications lists. If you are interested, provide our front desk staff with your email and you will receive a "Welcome to the Patient Portal" invitation email.

COMMITMENT TO PRIVACY

Information about the patient will NOT be given to anyone outside Dayspring Health, including family and friends, unless the patient (parent or legal guardian, if a minor) gives written permission. The patient may consent to release of his/her information if the patient is 16 years or older for behavioral health care and 18 or older for primary care. We may, however, release the patient's information to others without the patient's permission if:

- The patient poses a threat to him/herself or others;
- The patient is unable to protect him/herself from risk of harm;
- The patient is in the legal custody of a government agency or facility;
- There is evidence of child abuse;
- The patient's clinical records are requested under court order including a subpoena to which the patient does not object promptly;
- The patient is referred to a collection agency in order to collect on an overdue account.

To facilitate the patient's treatment plan, Dayspring is authorized to release health records to specialists and/or care teams for referral purposes. Dayspring is also authorized to release health records to the patient's insurers.

A NOTE ABOUT OUR PEDIATRIC CARE - PRIVACY AND TRANSITIONS

Dayspring is committed to providing quality, comprehensive care to meet our young patients' unique needs. Unless there is a specific exemption as dictated by law, children 15 years old and younger only must be seen with a guardian present. Exemptions include cases of an emancipated minor (married, has a child), contraceptive visit, pregnancy visit, STD, substance abuse, and emergency services. On the rare occasion you are unable to bring your child in for treatment, please complete the "**Treatment of a Minor/Child Consent**" to allow a relative or friend to bring your child for care.

At age 18, youths legally become adults. We respect that many of our young adult patients choose to continue to involve their families in health care decisions. However, we will no longer be allowed to discuss anything with parents about care or share any personal health information without the young adult's written consent. If an adolescent has a condition that prevents him/her from making decisions, we encourage families to consider options for supported decision-making.



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FEES

There are fees for all services, and the patient should pay on the day the patient is seen. Health insurance policies may cover a portion of the fees and staff will help the patient in making claims. Patients are encouraged to tell Dayspring staff about changes in financial status including insurance.

NEED HELP PAYING YOUR MEDICAL BILLS?

Dayspring can help patients with no insurance or have difficulty paying their co-pays. Reduced rates are available for qualifying patients. Please contact our care managers or our front desk staff for more information.

EVACUATION PROCEDURE

In the case of an emergency and the need to evacuate, all staff and patients will be directed to go to the far end of the parking lot of the facility. The nursing and clinical staff will be responsible for the patients in the exam rooms and lab area, and the front desk staff will be responsible for the people in the lobby area.

PATIENT CONCERNS, COMPLAINTS, OR SUGGESTIONS

If you have a concern about your care, you should make your concern by speaking to your provider or contacting the Chief Executive Officer or Chief Medical Officer. Patients or families who voice concerns that require action will be contacted by telephone or in writing with a resolution. Presenting a concern will not in itself compromise your future access to care at Dayspring Health.

Chief Executive Officer: Mark Watt, MAcc, MS, CPA

mwatt@dayspringfhc.com

Chief Medical Officer: Geogy Thomas, MD, FAAFP, MBA

geogyt@dayspringfhc.com

GRIEVANCE PROCEDURES FOR BEHAVIORAL HEALTH PATIENTS

You have the right to voice grievances to the staff of the agency, to the owner of the agency, and to outside representatives of your choice with freedom from restraint, interference, coercion, discrimination or reprisal. Any question or specific concerns regarding service recipient's rights or to report a complaint may be directed to any of the following:

Dayspring Health

Phone: 1-423-784-5771 ext. *140

TN State Office of Licensure & Review

Phone: 1-866-777-1250

Disability Law and Advocacy Center of TN

Phone: 1-800-342-1660

TN Department of Human Services – Adult Protection Services

Phone: 1-888-277-8366

TERMINATING CARE OF PATIENTS

Patients who do not meet their responsibilities as outlined in this handout may be terminated as patients at Dayspring Health. Such termination is made in writing and sent by certified mail.



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PATIENT RIGHTS:

As a patient, you have the right...

- *To be informed concerning your diagnosis, treatment, and prognosis.*
- *To have reasonable access to care.*
- *To receive considerate care that respects your personal values and belief systems.*
- *To participate in decisions regarding your care.*
- *To participate in the consideration of ethical issues that may arise in the provision of your care.*
- *To respect for your right to privacy while receiving services.*
- *The right to have your personal information kept confidential in accordance with state and federal confidentiality laws.*
- *To not be discriminated against on the basis of your race, color, gender, orientation, or national origin*
- *To designate a representative decision-maker in the event that you are incapable of understanding a proposed treatment or procedure or are unable to communicate your wishes regarding care.*
- *To voice any concerns you may have with the quality of your care and to receive a response that resolves your concern.*
- *To have advance directives and guidelines for care in the event of a terminal illness-- especially regarding pain and symptom management--and for attention to the psychosocial and spiritual needs of you and your family.*

As a Behavioral Health Patient, you have the right ...

- *To not be required to make public statements which acknowledge gratitude to the licensee or for the licensee's facility services.*
- *Not be required to perform in public gatherings.*
- *Not have identifiable photographs used without the written and signed consent of the client or the client's guardian.*
- *Not to be responsible for the care of other client's.*
- *Not to be responsible for supervision of other clients unless on-duty/on-site staff are present.*
- *Not to have responsibilities requiring access to confidential information*
- *Have the right to voice grievances to staff of the facility, to the licensee, and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal.*
- *To be treated with consideration, respect, and full recognition of their dignity and individually.*
- *To be protected by the licensee from neglect; from physical, verbal and emotional abuse (including corporal punishment); and from all forms of misappropriation and/or exploitation.*
- *The right to be assisted by the facility in the exercise of their civil rights.*
- *To be free of any requirement by the facility that they perform services which are ordinarily performed by facility staff.*
- *To ask the facility to correct information in their records. If the facility refuses, the client may include a written statement in the records of the reason they disagree.*
- *To be informed about their care in a language they understand.*
- *To vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or a court removes these rights.*
- *To participate in the development of the individual program or treatment plans and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively.*
- *To participate fully, or to refuse to participate in community activities including cultural, educational, religious, community services, vocational, and recreational activities.*
- *To be accorded privacy and freedom for the use of bathrooms when needed.*
- *To be permitted to retain and use personal clothing and appropriate possessions including books, picture, games, toys, radios, arts and crafts materials, religious articles, toiletries, jewelry and letters.*



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PATIENT RESPONSIBILITIES:

As a patient you have the responsibility...

- *To provide, to the best of your knowledge, accurate and complete information about your present health and about past illnesses, hospitalizations, medications, and other matters relating to your health.*
- *To report unexpected changes in your condition.*
- *To make it clear that you understand the agreed upon course of action and what is expected of you regarding your care.*
- *To follow the treatment plan that you develop with your health care provider.*
- *To express any concerns you may have regarding your ability to comply with a planned course of treatment, after every effort has been made to adapt the treatment plan to your specific needs and limitations. Where such adaptation is not clinically indicated, you are to consider carefully and knowledgeably the consequences of the treatment alternatives and of noncompliance with the proposed course of treatment.*
- *To keep appointments and, when unable to do so for any reason, to notify the clinic as far in advance as possible.*
- *To be responsible for your actions if you refuse treatment or do not follow the provider's instructions.*
- *To be considerate of the rights of other patients and clinic staff and to assist in the control of noise, smoking, and distractions.*
- *To be respectful of the property of other persons and of the clinics.*
- *To be respectful of the clinic staff.*
- *To not bring alcohol, illegal drugs, or firearms into the clinic.*



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YOUR RIGHTS UNDER TITLE VI THE CIVIL RIGHTS ACT OF 1964

Simple Justice requires that Public funds, to which all taxpayers of all races contribute, not be spent in any fashion, which encourages, entrenches, subsidizes, or results in racial discrimination. President John F. Kennedy, in his message calling for the enactment of Title VI, 1963

WHAT IS TITLE VI?

A Federal law, which is part of the Civil Rights Act of 1964 that protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive Federal financial assistance. It is illegal for any division or contractor affiliated with Dayspring Health to withhold or refuse services based on race, color, or national origin.

WHAT TITLE VI COVERS

All programs, grants, and services provided by DAYSPRING HEALTH which are federally funded.

TITLE VI

- Prohibits Dayspring Health or its contractors from denying an individual and service on the basis of race, color, or national origin.
- Prohibits segregation or separate treatment in any manner related to receiving program services or benefits.
- Prohibits requiring difference standards or conditions as prerequisites for certain groups to receive services.
- Prohibits discriminatory activity in any Dayspring Health offices.
- Requires Dayspring Health to provide information and services to non-English speaking participants.
- Requires Dayspring Health to notify the eligible population about our programs.
- Prohibits locating facilities that in any way prohibit access to programs.

TO FILE A COMPLAINT, YOU MUST INCLUDE THE FOLLOWING INFORMATION:

- Your name, address, and telephone number
- Name and address of Program you believe discriminated against you.
- How, why and when you felt discriminated against (include names, dates, and background info as possible).
- Your Title VI complaint must be in written form, signed and filed within 180 days from the time of the alleged discrimination. This complaint may be filed by an individual, a class, or by a third party (friend, attorney, relative, etc...). If the complaint is submitted by a third party, their relationship to the applicant must be included.

SEND YOUR TITLE VI COMPLAINT TO

Dayspring Health, Compliance Officer

P. O. Box 540 Jellico, TN 37762

If not settled, it will go to the Dayspring Executive Director, then on to the Dayspring Board of Directors.

Or, you may also send your complaint to:

Regional Civil Rights Manager

U.S. Dept. of Health and Human Services Office of Civil Rights

61 Forsyth Street SW, Suite 3B70 Atlanta, GA 30303

1-800-368-1019 or 404-562-7886



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NOTICE OF PRIVACY PRACTICE

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.

The Health Insurance Portability and Accountability Act (HIPAA; "Act") of 1996, revised in 2013, requires us as your health care provider to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to maintain these records of your health care and to maintain confidentiality of these records.

The Act also allows us to use your information for treatment, payment, and certain health operations unless otherwise prohibited by law and without your authorization.

- **Treatment:** We may disclose your protected health information to you and to our staff or to other health care providers in order to get you the care you need. This includes information that may go to the pharmacy to get your prescription filled, to a diagnostic center to assist with your diagnosis, or to the hospital should you need to be admitted. If necessary to ensure that you get this care, we may also discuss the minimum necessary with friends or family members involved in your care unless you request otherwise.
- **Payment:** We may send information to you or to your health plan in order to receive payment for the service or item we delivered. We may discuss the minimum necessary with friends or family members involved in your payment unless you request otherwise.
- **Health operations:** We are allowed to use or disclose your protected health information to train new health care workers, to evaluate the health care delivered, to improve our business development, or for other internal needs.
- We are required to disclose information as required by law, such as public health regulations, health care oversight activities, certain law suits and law enforcement.

Certain ways that your protected health information could be used disclosed require an authorization from you: disclosure of psychotherapy notes, use or disclosure of your information for marketing, disclosures or uses that constitute a sale of protected health information, and any uses or disclosures not described in this NPP. We cannot disclose your protected health information to your employer or to your school without your authorization unless required by law. You will receive a copy of your authorization and may revoke the authorization in writing. We will honor that revocation beginning the date we receive the written signed revocation.

You have several rights concerning your protected health information. When you wish to use one of these rights, please inform our office so that we may give you the correct form for documenting your request.

- You have the right to access your records and/or to receive a copy of your records, with the exception of psychotherapy notes. Your request must be in writing, and we must verify your identity before allowing the requested access. We are required to allow the access or provide the copy within 30 days of your request. We may provide the copy to you or to your designee in an electronic format acceptable to you or as a hard copy. We may charge you our cost for making and providing the copy. If your request is denied, you may request a review of this denial by a licensed health care provider.
- You have the right to request restrictions on how your protected health information is used for treatment, payment, and health operations. For example, you may request that a certain friend or family member not have access to this information. We are not required to agree to this request, but if we agree to your request, we are obligated to fulfill the request, except in an emergency where this restriction might interfere with your care. We may terminate these restrictions if necessary to fulfill treatment and payment.



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NOTICE OF PRIVACY PRACTICE (*continued*)

- We are required to grant your request for restriction if the requested restriction applies only to information that would be submitted to a health plan for payment for a health care service or item for which you have paid in full out-of-pocket, and if the restriction is not otherwise forbidden by law. For example, we are required to submit information to federal health plans and managed care organizations even if you request a restriction. We must have your restriction documented prior to initiating the service. Some exceptions may apply, so ask for a form to request the restriction and to get additional information. We are not required to inform other covered entities of this request, but we are not allowed to use or disclose information that has been restricted to business associates that may disclose the information to the health plan.
- You have the right to request confidential communications. For example, you may prefer that we call your cell phone number rather than your home phone. These requests must be in writing, may be revoked in writing, and must give us an effective means of communication for us to comply. If the alternate means of communications incurs additional cost, that cost will be passed on to you.
- Your medical records are legal documents that provide crucial information regarding your care. You have the right to request an amendment to your medical records, but you must make this request in writing and understand that we are not required to grant this request.
- You have the right to an accounting of disclosures. This will tell you how we have used or disclosed your protected health information. We are required to inform you of a breach that may have affected your protected health information.
- You have the right to receive a copy of this notice, either electronic or paper or both.
- You have the right to opt out of fund raising communications.

If you have any questions about our privacy practices, please contact our Privacy Officer at the number below. You have the right to file a complaint with us or with the Office for Civil Rights. We will not discriminate or retaliate in any way for this action. To file a complaint, please contact the applicable party:

Privacy Officer: Phone number: **(423) 784-8492**
Fax number: **(423) 784-8358**

Office for Civil Rights <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We are required to abide by the policies stated in this Notice of Privacy Practices, which became effective on: **March, 10 2015.**