

PATIENT RIGHTS, RESPONSIBILITIES, AND PRIVACY

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 privacy and for confidential handling of information.*
- *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.*

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.*

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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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 TITLE VI IS:

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 as much background information 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 its 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 PRACTICES

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

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- 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.
- 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) 784-5771**
Fax number: **(423) 784-6185**
- **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, 10TH 2015.**