



Dear Valued Patient:

Welcome to Kenosha Community Health Center, Inc. (KCHC), your patient-centered medical home (PCMH). PCMH is the new way of managing your health care. PCMH is not a building, a house, or a hospital. It is a model of care designed to improve the coordination of your health care with an emphasis on all-around well-being. Because KCHC understands the close connection between dental, primary, and mental health care, we are also a fully integrated Dental-Medical-Behavioral Health clinic. As a patient, your care will include all of these needs.

The Care Team - Your KCHC care team will involve you in decisions about your health and health care to develop a stronger relationship with you. Physician Assistants and Nurse Practitioners are supervised by MDs and patients will be seen at least once per year by an MD to review their plan of care. See our Brochure for a listing of all KCHC Medical, Dental, and Behavioral Health providers.

Referrals - Your KCHC provider will work with health care providers in all KCHC's programs, as well as other outside health care providers if necessary to take care of you. When referrals are necessary, a KCHC Referral Coordinator will be available to assist you with scheduling.

Sliding Fee Discount Program - KCHC provides discount care to eligible patients through the establishment of a sliding fee scale program based on family size and income. The sliding fee schedule is based on the federal poverty guidelines the schedule is updated annually upon receipt of the federal register containing the update poverty guidelines. Patients have 30 days from the date of service to provide: 2 current check stubs, current tax return (1040), bank statements, or letter of decisions from Social Security, disability, pension, etc.

Program Integration – KCHC understands the important connection between dental, medical, and behavioral health. **All patients have access to behavioral (mental) health services.** And to offer patients the highest and most effective level of care, KCHC conducts automatic referrals to its behavioral health program for patients who are outside normal ranges for diabetes, hypertension, obesity, hyperlipidemia, and those requiring antithrombotic therapy.

Identity Protection – The Federal Trade Commission requires that KCHC verify every patient's identity, address, and insurance coverage. At the time of appointment, each patient will be asked to provide the following:

- A. A current driver's license or other photo identification. If the photo identification does not show the patient's current address, a utility bill or other official correspondence confirming the patient's current address should be provided. (If the patient is a minor, the patient's parent or guardian should bring the information listed above.)
- B. A current insurance card.
- C. For the initial appointment, the patient will be asked to provide KCHC their Social Security number. (Patients without Social Security numbers will not be denied services.)
- D. Verify the validity of any requests for changes in billing addresses.

Scheduling an Appointment - If you are over 40 years of age and/or have a chronic condition for which you are being treated and have not seen your care team within the past year, please contact our office and schedule an appointment so we may reconnect to review your healthcare needs.

If you have any questions, please call our office.

We look forward to walking with you on the path to a healthier you!

262-656-0044



No Show Policy

KCHC is committed to providing care to all people seeking care. Patients who are not equally committed to their care and fail to keep appointments will not be allowed to continue to schedule appointments. Patients who do not show for three appointments in a six month period are at risk of:

- A. Not being allowed to schedule an appointment. Urgent/emergent appointment will be treated according to the KCHC Walk-In & Triage policies with patients being allowed to be seen as a walk-in or emergency appointment.
- B. Being suspended from the practice for not more than three months.

Procedure

Intake Process: Patient will be informed of the KCHC No Show Appointment Policy when they are registering as a new patient with the Patient Care Advocate (PCA) & at least annually.

Identifying a No Show: A no show appointment is identified in the EHR. If there is a cancellation/rescheduled appointment with less than 24 hour notice, a CSR/PSR will change the appointment type to a no show. CSRs/PSRs will verify any previous no shows.

Patient who is late: Being late is defined as arriving 5 minutes or more late for an appointment & not being able to be seen on the same day. This is considered a No Show. Patients arriving late for their appointment cannot be guaranteed an appointment or doctor of record availability.

Double Booking - Appointment

KCHC staff will make 2 attempt calls 72 and 48 hours prior to your scheduled appointment.

In the event that you do not confirm your appointment, KCHC staff will double book that appointment time with another patient. What this means is that you lose your appointment and it goes as a no show. It is very important that you confirm your scheduled appointment.

Nondiscrimination statements

Kenosha Community Health Center, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Kenosha Community Health Center, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Kenosha Community Health Center, Inc ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.

KCHC After Hours Access

Kenosha Community Health Center provides access to care outside of regular business hours, along with timely clinical advice via telephone and the interactive electronic system.

The Health Center phones are transferred to the answering service:

Monday - Thursday at 7pm

Friday at 5pm

Saturday at 3pm until Monday morning at 630am

Kenosha Community Health Center brinda acceso a la atención médica fuera del horario comercial habitual, junto con asesoramiento clínico oportuno por teléfono y el sistema electrónico interactivo.

Los teléfonos del Centro de Salud se transfieren al servicio de respuesta:

Lunes a Jueves a las 7pm

Viernes a las 5pm

Sábado a las 3pm hasta el Lunes por la mañana a las 630am

Kenosha Community Health Center muaj kev nkag tau rau kev kho mob sab nraud ntawm cov sij hawm ua lag luam, nrog rau kev pab tswv yim raws sij hawm ntawm xov tooj thiab kev sib tham sib electronic.

Cov xov tooj Health Centers yog muab xa mus rau cov lus teb:

Monday - Thursday thaum 7 teev tsaus ntuj

Hnuv vas Xuv thaum 5 teev tsaus ntuj

Hnuv vas xaum ntawm 3 teev sawv ntxov hnuv Monday sawv ntxov thaum 630am



Reasons For Patient Dismissal

- Failure to adhere to an agreed upon treatment plan; and/or repeated refusal to adhere to office rules and policies or insurance carrier policies.
- Repeated failure to keep office appointments without attempting to notify the office when unable to keep the appointment.
- Misrepresenting or withholding information that is important to developing effective care plans.
- Inability to develop and maintain an effective provider-patient relationship.
- Failure to honor a signed pain medication contract.
- Possession of illegal weapons or drugs.
- Infringing on the rights of others – recurrent episodes of disruptive behavior disrespect for staff, office furnishings, etc.
- Criminal acts against the provider or staff.
- Refusal to honor financial obligations of the relationship.



Kenosha Community Health Center, Inc. **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.

EFFECTIVE APRIL 2013

INTRODUCTION

At Kenosha Community Health Center, we understand that information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice will tell you about the ways in which we may use and disclose your protected health information (PHI). We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

OUR LEGAL DUTY

We are required by applicable federal and state law to: (1) maintain the privacy of your PHI; (2) give you this Notice about our privacy practices, our legal duties and your rights concerning your PHI; (3) notify you following a breach of your unsecured PHI; and (4) follow the terms described in this Notice while it is in effect.

We reserve the right to make changes to 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 PHI that we maintain, including PHI we created or received before we made the changes. If and when this Notice is changed, we will post a copy on our website and in our offices in a prominent location. We will also provide you with a copy of the revised Notice upon your request.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose PHI in a number of ways including the following:

Treatment. We may use and disclose your PHI to provide you with medical treatment or services. We may disclose your PHI to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray or other health care services.

In addition, we may use and disclose your PHI when referring you to another health care provider. For example, if you see another health care provider, we may disclose PHI to your new provider regarding whether you are allergic to any medications.

We may also disclose your PHI for the treatment activities of another health care provider. For example, we may send a report about your care from us to a provider that we refer you to so that the other provider may treat you.

Payment. We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm that you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to the collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to protect your PHI for the payment activities of that health care provider, company or health plan. For example, we may allow health insurance benefits to be paid for your care.

Health Care Operations. We may use or disclose your PHI in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your health care provider. We may also call you by name in the waiting room when your provider is ready to see you.

We will share your PHI with third party “business associates” that perform various activities for us (for example, data services). Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will take steps to reasonably protect the privacy of your PHI.

We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.

We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Official to request that these materials not be sent to you.

If another health care provider, company or health plan has or once had a relationship with you, we may disclose your PHI for certain health care operations of that health care provider or company. For example, health care operations may include reviewing the quality, efficiency and cost of care provided to you or reviewing and evaluating the skills, qualifications and performance of health care providers.

We may also disclose PHI for any health care operations of an “organized health care arrangement” in which we participate. An example of an “organized health care arrangement” is the joint care provided by a hospital and the doctors who see patients at the hospital.

Information about Treatment Alternatives. We may use or disclose your PHI as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Disclosures Permitted or Required by Law without Your Authorization. In addition to circumstances involving treatment, payment or health care operations, we may use or disclose your PHI in accordance with federal, state or local laws including for the following purposes:

Family and Friends. Unless you object, we may disclose your PHI to family members, other relatives, close personal friends or any other person identified by you if that information is directly relevant to that person's involvement in your care or payment for your care. In an emergency situation, we will exercise our professional judgment to determine if family or friends should receive information about you.

Public Health Activities. We may use or disclose your PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention.

Abuse, Neglect or Domestic Violence. We may disclose your PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect. Note that under Wisconsin law we are required to report any suspected abuse of a child and are permitted to report suspected abuse of an adult.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor our practice, government health care programs and compliance with certain laws.

Law Enforcement. We may disclose your PHI for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners, Funeral Directors. We may disclose your PHI to a coroner or medical examiner or to a funeral director so that they may carry out their jobs.

Organ and Tissue Donation. If you are an organ donor, we may disclose your PHI to an organ donation and procurement organization.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the PHI.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI in limited circumstances when necessary to prevent or lessen a serious threat to the health or safety of another person or to the public.

Military and Veterans. If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

National Security and Intelligence Activities. We may disclose your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official we may disclose your PHI to the correctional institution or law enforcement official. This disclosure would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES

All other uses and disclosures of information not contained in this Notice of Privacy Practices requires your authorization, except to the extent we have taken action in reliance on your authorization. If you authorize us to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission or as permitted by law and that we are required to retain our records of the care that we provided to you.

Please note that under federal and/or state law, without written authorization or as otherwise required or permitted by applicable law, we may not use or disclose: (1) PHI related to your treatment for mental health, alcohol dependence, drug dependence or HIV status; (2) psychotherapy notes; (3) PHI for marketing; or PHI for sale.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Under federal and state law, you have certain rights regarding your PHI. To exercise your rights you must make a request in writing to our Privacy Official. Your rights regarding PHI include the following:

Right to Request Restrictions. You have the right to request additional restrictions on certain uses and disclosures of your PHI. You may also request additional restrictions on our disclosure of your PHI to certain individuals involved in your care that otherwise are permitted by law. Your request must include: (1) the information that you want to restrict; (2) how you want to restrict the information; and (3) to whom you want those restrictions to apply. *We are not required to agree to your request*, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law and the PHI pertains solely to a health care item or service for which you, or person other than a health plan on behalf of you, has paid us in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Receive Confidential Communications. You have the right to request that you receive communications regarding your PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

Right to Request Access to Inspect and Copy PHI. You have the right to request access to inspect and receive a copy of your PHI in certain records that we maintain. This right is subject to certain specific exceptions such as psychotherapy notes. If you request a copy of records containing your PHI, we may charge you a reasonable fee for those copies.

Right to Request to Amend. You have the right to request that we amend your PHI that is kept by or for our office. You must give us a reason for your request. *We may deny your request for certain specific reasons.* If your request is denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for our Practice; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

Right to Receive an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures that we have made of your PHI in the six years prior to your request, other than disclosures made for treatment, payment and health care operations or other disclosures permitted or required by law.

Right to Receive a Paper Copy of this Notice. You have a right to receive a paper copy of this Notice at any time. To obtain a paper copy of this Notice, ask any of our office staff or our Privacy Official or you may write to us at the address listed below.

COMPLAINTS

If you are concerned that your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint, please contact our Privacy Official at the address, telephone number or fax number listed below. We will not retaliate or take action against you for filing a complaint. All complaints must be submitted in writing.

PRIVACY OFFICIAL CONTACT INFORMATION

If you have any questions, need further information or want to file a written complaint regarding the handling of your PHI, please contact our Privacy Official at:

Privacy Official
Kenosha Community Health Center, Inc.
625 57th Street Suite 700
Kenosha, WI 53140

Telephone: 262-764-3612
Fax: 262-764-3636