



**Community Health Systems, Inc.
(CHSI)**

Patient Consents

Patient Initials:	Consent Items:
	CONSENT FOR TREATMENT: I hereby authorize medical treatment for the below named.
	RIGHTS AND RESPONSIBILITIES: I hereby acknowledge that I have received a copy of CHSI's Patient Rights and Responsibilities. I further acknowledge that I will be offered a copy of any amendments upon request.
	ADVANCED DIRECTIVES: I hereby acknowledge that I have been given information regarding advance directives.
	HIPPA – NOTICE OF PRIVACY PRACTICES: I hereby acknowledge that I have received a copy of CHSI's HIPAA - Notice of Privacy Practices. I further acknowledge that a copy of the current notice is made available / posted in the waiting area, and that I will be offered a copy of any amendments upon request.
	MEDICAL HISTORY: I hereby authorize CHSI to access my medical history, without limitation or exclusion, as is required and / or reasonably advisable to disclose, process, retrieve, transmit, and view my medical history.
	INSURANCE: I hereby authorize and request my insurance company to pay CHSI directly for my claims. I understand that my medical insurance carrier may pay less than the actual bill for services rendered and I agree to be responsible for any unpaid balances I or my dependents may incur.
	I acknowledge that I have been informed that CHSI is federally funded and because of that they are required to ask me for my family size and income on a yearly basis. I have elected to either provide staff with my family size and estimated gross yearly income OR elected not to provide the information.
	I certify that I have read and understand this notice / authorization. I have been given an opportunity to ask any questions I may have regarding this notice. I acknowledge that my questions, if any, have been answered to my satisfaction. I understand that I may revoke this authorization at any time by written notice, except where information has already been released.
	I acknowledge receiving a copy of this document.

Patient's Name (print): _____

Signature of patient/guardian: _____

If not signed by the patient, please indicate the relationship: _____

Staff Use Only

Notice of Privacy Practices not Obtained

To be completed by CHSI when a patient's signed Acknowledgement form is not obtained.

Please check the box that best applies.

- Individual refused to sign
- An emergency situation prevented us from obtaining the acknowledgement

Comment: _____



Community Health Systems, Inc. (CHSI)

Patient Rights and Responsibilities

Members of our health centers have rights and responsibilities. Their rights protect them as health care consumers. Members also need to understand their responsibilities in order for their doctors and others who care for them to do their best job.

Members Rights:

- Receive information about CHSI, its services and its doctors and other providers in a way that may be easily understood.
- Be treated with respect and dignity.
- Choose a Primary Care Physician from within your network of providers.
- Participate with your doctor in decision making about your health care, and to refuse treatment.
- File a complaint about CHSI or the care you receive.
- Request an interpreter (cost as applicable)
- Have your medical records kept private.
- Make arrangements to view your medical records.
- Make recommendations regarding CHSI's rights and responsibilities policies.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. Exercise these rights without adversely affecting how you are treated by CHSI, its providers, or the State.

Members Responsibility:

- Give correct information to CHSI, its doctors and other providers so that they can care for you.
- Follow the plans and care instructions that you have agreed to with your doctor and others who provide care to you.
- Bring your member ID card(s) with you when getting medical care. If you have other insurance, provide that card too.
- Keep follow-up visits with your doctor.
- Provide 24 hours' notice if you have to cancel an appointment
- Treat all CHSI personnel and health care providers respectfully and courteously.
- It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance company.



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Advanced Directive Information

It is your right to make decisions about medical treatment

This document explains your rights to make health care decisions and how you can plan what should be done when you can't speak for yourself. Federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

Who decides about my treatment?

Your doctor will give you information and advice about treatment. You have the right to choose. You can say "yes" to treatments you want. You can say "no" to any treatments that you don't want – even if the treatment might keep you alive longer.

How do I know what I want?

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have "side effects." Your doctor must offer you information about serious problems that medical treatment is likely to cause you. Often, more than one treatment might help you-and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can't choose for you. That choice depends on what is important to you.

Can other people help with my decisions?

Yes. Patients often turn to their relatives and close friends to help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

Can I choose a relative or friend to make healthcare decisions for me?

Yes. You may tell your doctor that you want someone else to make health care decisions for you. Ask the doctor to list that person as your healthcare "surrogate" in your medical record. The surrogate's control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

Who can I name to make medical treatment decisions when I'm unable to do so?

You can choose an adult relative or friend you trust as your "agent" to speak for you when you're too sick to make your own decisions.

What if I become too sick to make my own healthcare decisions?

If you haven't named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works; but sometimes everyone doesn't agree about what to do. That's why it is helpful if you can say in advance what you want to happen if you can't speak for yourself.

Do I have to wait until I am sick to express my wishes about my healthcare?

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an **Advance Health Care Directive** to say who you want to speak for you and what kind of treatments you want. These documents are called "advance" because you prepare one before healthcare decisions need to be made. They are called "**directives**" because they state who will speak on your behalf and what should be done. In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a



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Power of Attorney for Health Care. The part where you can express what you want done is called an **Individual Health Care Instruction**.

Who can make an advance directive?

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

Who can I name as my agent?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

When does my agent begin making my medical decisions?

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

How does my agent know what I want?

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

What if I don't want to name an agent?

You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible or you can say that you would not want treatment to continue your life. You can also express your wishes about the use of pain relief or any other type of medical treatment. Even if you have not filled out a written **Individual Health Care Instruction**, you can discuss your wishes with your doctor and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

What if I change my mind?

You can change or cancel your *advance directive* at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

What happens when someone else makes decisions about my treatment?

The same rules apply to anyone who makes healthcare decisions on your behalf a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest. The people providing your healthcare must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

Will I still be treated if I don't make an advance directive?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.



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Remember that:

- A POWER OF ATTORNEY FOR HEALTH CARE lets you name an agent to make treatment decisions for you. Your agent can make most medical decisions-not just those about life-sustaining treatment when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.
- You can create an Individual Healthcare Instruction by writing down your wishes about your health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be making decisions about treatment on your behalf.

These two types of Advance Healthcare Directives may be used together or separately.

Registry System: Effective *1/1/05*, the Secretary of State shall establish a registry system through which a person who has executed a written advance health care directive may register information regarding the advance directive. This information may be released to an emergency department or general acute hospital pursuant to Section 4717 of the Probate Code. (Probate Code Section 4800).



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers’ compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

CHSIs Fallbrook clinic is the only facility which creates and maintains psychotherapy notes.

CHSI is mandated to follow the Mandated Blood Testing and Confidentiality to Protect Public Health - California Health & Safety Code sections 120975-121020. This law protects the privacy of individuals who are the subject of blood testing for antibodies to the probable causative agent of acquired immune deficiency syndrome (AIDS)

CHSI will not share certain health information concerning a minor child (>13 yrs old) with a parent unless permitted by the minor child as demonstrated in the following examples:

Example: A State law provides an adolescent the right to obtain mental health treatment without the consent of his or her parent, and the adolescent consents to such treatment without the parent’s consent.

Example: A physician must receive the permission from the child (13 and over) to disclose information concerning a child’s sexual activity or sexual health

CHSI provides immunizations records to local schools upon request from the school.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This notice is effective as of September 23, 2013

This Notice of Privacy Practices applies to the following organizations.

This notice applies to Community Health Systems, Inc. is health centers; Bloomington Community Health Center, Fallbrook Family Health Center, Magnolia Community Health Center, Moreno Valley Family Health Center and University Community Health Center; located in Riverside, San Bernardino and San Diego counties.

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