



Patient Handbook



San Poil Valley Health Center
P.O. Box 327
Keller, WA 99140-0327
(509) 634-7300
Fax: (509) 634-7301

Inchelium Health Center
P.O. Box 290
Inchelium, WA 99138-0290
(509) 722-7006
Fax: (509) 722-7021

Mission Statement:

To provide high quality healthcare services to meet the needs of our communities.

Vision Statement:

The best community health center as recognized by our surrounding communities.

Values:

- Patient Oriented
- Community Involvement & Awareness
 - Trust, Respect & Accountability
 - Confidentiality
 - Professionalism
 - Wellness
 - Adaptability
 - Quality

Notice

The content of this handbook is not all-inclusive nor a promise or contract between Lake Roosevelt Community Health Centers and its patients. These guidelines are intended to help you understand how Lake Roosevelt Community Health Centers' policies and procedures apply to patients.

At any time, Lake Roosevelt Community Health Centers reserves the right to modify, change, suspend or cancel all or any part of the policies, procedures and programs contained in this handbook. Lake Roosevelt Community Health Centers will, at its discretion, make changes and develop new or revised policies and procedures. When possible and appropriate, Lake Roosevelt Community Health Centers will seek input from staff, board, administrators, community and patients. When Lake Roosevelt Community Health Centers develops or modifies new policies, procedures, and programs, it will notify patients as soon as possible. Differences that result from such changes will take precedence over the contents of this handbook.

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Patient Bills of Rights

A patient who receives care through Lake Roosevelt Community Health Centers has the following rights:

1. The patient has the right to considerate and respectful treatment.
2. The patient has the right to obtain from physicians and other direct caregivers complete, current and understandable information concerning diagnosis, treatment and prognosis. The patient has the right to receive information necessary to give informed consent prior to the start of any procedures and/or treatment. Except in emergencies when the patient lacks decision-making capacity, the patient is entitled to information related to specific procedures and/or treatment, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. The patient also has the right to know the name of the person responsible for the procedure and/or treatments.
3. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of this action.
4. The patient has the right to have an advance directive (healthcare directive, living will or durable power of attorney). If the patient does not have one, a designated surrogate may act on behalf of the patient to ensure that a directive be carried out as permitted by law and clinic policy.
5. The patient has the right to every consideration of privacy, and confidentiality of medical information on his or her condition, including the right to give or withhold consent for treatment, referral or transfer. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly.
6. The patient has the right to expect that all communications and records pertaining to care should be treated as confidential, except in cases of suspected abuse or public health hazards.
7. The patient has the right to review pertinent medical care records and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect a reasonable response to request for service, within their availability or capability of being provided.
9. The patient has the right to know about business relationships among the clinic, educational institutions, other healthcare providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimental affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent.

Patient Bills of Rights continued

11. The patient has the right to expect reasonable continuity of care and information regarding what health services are available, and where and how they may be obtained.
12. The patient has the right to examine and receive an explanation of clinic-related bills regardless of source of payment. The patient has the right to know what clinic rules and regulations apply to patient conduct and to know what avenues are available (such as ethics committees and patient representatives) to resolve disputes, grievances and conflicts.
13. The patient has the right to voice concerns regarding the care received, to have those concerns reviewed and, when possible, resolved. Presentation of a concern by the patient, a family member or a visitor will not compromise the quality of care delivery of present or future access to healthcare at this clinic.
14. The patient has the right of selection of an interpreter when requested and available.

Patient Conduct, Responsibilities and Participation

As patient who receives care through Lake Roosevelt Community Health Centers has the following responsibilities:

1. Respect the policies and procedures of Lake Roosevelt Community Health Centers
2. Be respectful of all the providers and staff, as well as other patients.
3. To be considerate of other patients and respect their rights to privacy
4. To provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
5. To provide complete and accurate information concerning past and present illnesses, complaints, medications, and history of hospitalizations to the best of their ability.
6. To keep appointments and to be on time. If your appointment cannot be kept, you are responsible for notifying staff as soon as possible to cancel your appointment and/or to reschedule your appointment.
7. To read and understand any documentation requiring a signature, and to ask for clarification when needed before signing.

Patient Conduct, Responsibilities and Participation continued

8. To know your health care provider by name, and to make an effort to understand your health conditions and instructions including treatments proposed and medications prescribed. If the instructions or explanation are unclear, the patient has the responsibility to ask questions until the explanations are understood to their level of satisfaction.
9. Inform your health care provider about any living will, medical power of attorney, or other directive that could affect your care.
10. The patient has the responsibility to carefully follow the health care provider's instructions, treatment plan, and to take medications as directed.
11. The patient is responsible for communicating any negative changes, side effects, or failed improvement following treatment within a reasonable period of time.
12. Provide a responsible adult to transport you home from the facility and remain with you for twenty-four (24) hours, if required by your provider.
13. If a patient has a concern or suggestion about any aspect of the Lake Roosevelt Community Health Center or the care which you have received, you can inform a member of the staff. Initially, if a problem cannot be resolved to your satisfaction, the Executive Director can be contacted.
14. The patient is responsible for assuring that your financial obligations, resulting from received healthcare, are fulfilled in a timely manner.

In order to maintain patient and staff safety in our health centers, patients are not permitted to engage in:

- Violence, threats or verbal abuse against patients or staff
- Use or selling of alcohol or illicit/illegal drugs on premises

If any of these occur, **the police will be contacted** and the patient's continued treatment at our facilities will be evaluated, and the outcome could be up to and including discharge from Lake Roosevelt Community Health Centers.

Services available at LRCHC

- Primary Health Care Services
- Optometry
- Dental
- Pharmacy
- Laboratory
- X-ray
- OB/GYN Services
- Cardiology Services
- Referral Services
- Outreach Services



Clinic Hours & Service Locations

Lake Roosevelt Community Health Centers have two sites:

- **Inchelium Health Center**
39 Short Cut Road
Inchelium, WA 99138-0290
Phone: 509-722-7006
Fax: 509-722-7021
Hours of Operation:
Monday through Friday, 7:30 am – 4:00 pm
Wednesday 10:00 am – 4:00 pm
- **San Poil Valley Health Center**
11665 South Highway 21
Keller, WA 99140-0327
Phone: 509-634-7300
Fax: 509-634-7301
Hours of Operation:
Monday and Thursday 8:30 am – 4:30 pm
Wednesday 10:00 am – 4:30 pm



After-hours and emergency care

Lake Roosevelt Community Health Centers do not offer emergency services after hours. In emergency situations, involving the risk of harm to self or others or a medical emergency:

- Call 911 and follow their directions
- Proceed to the nearest hospital emergency room

Choosing a provider:

A primary care provider (PCP) is a health care practitioner who sees people that have common medical problems. Your PCP is often involved in your care for a long time, so it is important to select someone with whom you will work well.

A PCP is your main health care provider in non emergency situations. Your PCP's role is to:

- Provide preventive care and teach healthy lifestyle choices
- Identify and treat common medical conditions
- Assess the urgency of your medical problems and direct you to the best place for that care
- Make referrals to medical specialists when necessary

Benefits of choosing a primary care provider (PCP):

- They get to know you on a more personal level.
- They get to know your medical history.
- They get to know your lifestyle and habits.
- They are able to notice significant changes in your health through your appearance, mood, affect, etc.
- They work with you to develop and carry out a health care plan.
- You do have the choice to change your PCP if other qualified providers are available.

List and Credentials of Lake Roosevelt Community Health Centers' providers

Rodolfo "Rudy" Trevino, MD Family Practice Physician Medical Director	Lorrie Dawson, PhD Advanced Practice Registered Nurse Assistant Medical Director
Kimberly Walters, PharmD Pharmacist	Thomas "Chip" Johnson, DMD Dentist Dental Director
Terry Porter, OD Optometrist	Maria Trevino, MD Family Practice Physician
Robin Moyer, MD Family Practice Physician	Kimberlyn Johnston, MD Family Practice Physician
Marc Henning, DMD Dentist	Carolyn Fullmer, P.A.-C

Participating in Your Care

- Discuss your treatment plan with your doctor and nurse. Make sure that you understand and agree with that plan.
- Be informed about your treatments. Ask what your treatments are for and when they will be given. Question anything that seems different or that you do not understand.
- You may receive a lot of information all at once, and that can be confusing. You may want to take notes or ask a family member or friend to listen with you when a diagnosis, treatment plan or test results are explained.
- If equipment is used for your care, know what it does and how it should sound. If possible, designate one family member to interact with your health care team. This person can then pass along information to other family and friends.
- Smoking is prohibited in our clinic. If you are a smoker and wish to quit, speak with your doctor or nurse about available options.

Advanced Directives

Advance directives are documents you create to describe the extent of medical treatment you do—or do not—want to receive if you are unable to communicate your wishes. We recommend that you discuss advance directives with your spouse, other family members, and primary care provider while you are alert and feeling well. You have the right to make an advance directive, such as a living will or durable power of attorney for health care, and to appoint someone to make health care decisions for you if you are unable. For more information about advance directives or to obtain the necessary forms, contact your primary care provider.

Help prevent the spread of germs

- Hand washing is the best way to prevent the spread of germs. Wash hands for at least 15 seconds. Clean your hands often. Staff will welcome your reminder to wash their hands or wear gloves before examining. Our facility is equipped with sinks for hand washing and waterless hand sanitizer dispensers for use by staff, patients and visitors. Practice good personal hygiene.
- Cover your mouth and nose when sneezing or coughing by using tissues or the bend of your elbow. Both tissues and masks are available upon request. Please use these if you have a runny nose, sneeze or cough.
- If your companions are sick you should ask them to stay home.
- Get vaccinated if it is recommended. Flu and pneumonia vaccines can help prevent illnesses, particularly in young, elderly and high-risk patients.



Hours of operation

Monday – Friday: 8:00 am – 4:00 pm

Except Wednesday: 10:00 am – 4:00 pm

Closed for Lunch 12:30 pm – 1:30 pm

Filling of prescriptions: Our pharmacy only fills prescriptions written by LRCHC providers or a contracted provider which you have been referred to by a LRCHC provider, with the exception of narcotics. No narcotics prescriptions will be filled by any outside provider unless it is resulting from a surgery that you were referred to. If a patient presents an outside prescription, they will have the option of being seen by a LRCHC provider and obtaining a prescription from our formulary at the next available appointment.

Refills: Stat orders by providers within the clinic will be considered top priority and will be filled first. Patients seen at LRCHC at the time the prescription was written will be deemed more emergent and will be filled second. Refills and prescriptions written by outside providers will be filled on a first come first serve basis after the above preferences are made.

Picking up of prescriptions: To ensure proper prescriptions are dispensed to the proper patient you may be asked to provide identification which may include a tribal ID, Social Security Card, or a driver's license. No prescriptions shall be dispensed to any person less than 12 years old without a parent or guardian. **Controlled substances will not be dispensed to patients under the age of 18 years without a parent or guardian present.**

If you are having someone else pick up your prescription, please contact the pharmacy by phone or send a hand written note with the person picking up your prescription. Make this person aware that they may have to show proper identification if asked.

Lost or stolen prescriptions: LRCHC will not replace lost or stolen prescriptions. You will have the option of purchasing your prescriptions again, with the exception of controlled substances. LRCHC will not replace controlled substances for any reason.

Optometry

Hours of Operation

Monday – Tuesday: 7:30 am – 4:00 pm

Wednesday: 10:00 am – 4:00 pm



Services provided in optometry: Routine eye exams; eye disease detection, diagnosis, treatment or referral; fitting and dispensing of glasses; fitting and dispensing of contact lens; low vision testing and rehabilitation; special testing to rule out side-effects of high risk medications; post operative exams following cataract, capsulotomy, glaucoma and Lasik surgeries; pharmaceutical treatment for external eye diseases and glaucoma; foreign body removal; well child screenings; CDL exams, DMV referral exams and other vocational eye exams.

Dental

Hours of Operation – Inchelium Health Center

Monday – Friday: 7:30 am – 4:00 pm

Wednesday: 10:00 am – 4:00 pm

Hours of Operation – San Poil Valley Health Center

Monday: 7:30 am – 4:00 pm

Every other Thursday: 7:30 am – 4:00 pm

Every 1st Friday of the Month: 7:30 am – 4:00 pm

Services provided in Dental: A full range of preventative and restorative services, hygiene services and education, oral cancer screenings; periodontics, endodontics and limited removable prosthodontics, oral surgery and emergency care.

Confidentiality Statement

All information obtained in the course of your treatment is privileged and confidential and will not be disclosed or released without a Release of Information form signed by you. The following exceptions may apply;

- To prevent serious, foreseeable and imminent harm to a client or other identifiable person
- Receipt of legal document such as a court order
- Valid medical emergency
- Review of records by federal, state or accreditation sources

Health Board of Directors

Lake Roosevelt Community Health Centers are governed by a community board made up of a representation of the populations that we serve. The board is comprised of individuals who volunteer their time and energy to create a fiscally and managerially strong organization for the purpose of improving the health status of our communities.

Our board members include;

- John Smith, Chairman
- Terry Finley, Vice-Chairman
- Kathy Desautel, Treasurer
- Georgia Simpson, Secretary
- Mae Stensgar
- Diane Tonasket
- Barbara Herman
- Jasin Wellons
- John Stensgar, Jr.
- Pam Phillips

Grievance Process

The Lake Roosevelt Community Health Centers employees and Board of Directors are committed to providing the highest-quality healthcare available. We want you to be satisfied with the services we provide. All patients are entitled and encouraged to express any suggestions, complaints or grievances with any aspect of your treatment and services. If a situation arises in which you feel dissatisfied about your services, or about any staff, the following steps are designed to address any concerns or complaints:

- Verbalize your grievance to any staff member, call or mail the clinic with your grievance or fill out a Grievance/Complaint Form which you can get from any LRCHC staff member.
- Within fourteen (14) days from the date of receipt of a Patient Grievance, the Executive Director will provide a verbal or a written response. If the Patient Grievance is not resolved during the outlined timeframe for response, that information will be relayed to the patient.
- If the patient or patient's representative feels the Executive Director does not satisfactorily resolve his/her concerns, the Executive Director will refer the concern to the Board of Directors. The Executive Director will document the concerns and resolution.
- The patient will not be subject to negative action due to the initiation of a formal or informal complaint.

If your concern is not resolved to your liking, you may also contact:

Washington State Department of Health
Complaint Intake
P.O. box 47857
Olympia, WA 98504-7857

Financial obligations/Fees



Lake Roosevelt Community Health Centers accept Medicaid/Medicare, Contracted Health Services and most major health insurance companies in our area. We also accept private pay patients include a sliding fee scale. We will follow the procedures established by your insurance policy regarding fees, co-pays, approvals, and deductibles, and bill your insurance company for the services we provide.

Not all medical costs are covered by insurance. LRCHC makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you visit. This will help make sure that your insurance company is

billed on time. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

The Patient Services staff, Billing Department staff or the Operations Manager will assist you with any questions that you have regarding your fees and financial obligations when you come for your first appointment or anytime after that if you need help.

Obtaining your medical records

You have the right to obtain a copy of your medical records and to request that your records be provided to someone else (subject to certain limitations by law). In order to protect your privacy, we must have your written permission before releasing the records. To begin your request, you can obtain a copy of the Authorization for Release of Health Information form at either clinic front desk.

When completing the form:

- Be sure to fill it out completely, including signing and dating it.
- No information can be released unless the form is properly signed and dated. Incomplete forms may be returned to you for completion.
- If you are the health care agent, court appointed guardian, holder of a medical power of attorney or similar legally appointed representative, please attach proof of your authority to act on behalf of the patient.
- Return the completed form (and any attachments) via fax, in person or by mail to the address below:

- Lake Roosevelt Community Health Centers
Medical Records Department
P.O. Box 290
39 Shortcut Road
Inchelium, WA 99138

Fax: 509-722-7021
Phone: 509-722-7006

There is a fee for copying medical records (according to WAC-246-08-400). The fees will be in compliance with applicable Washington State guidelines. There is no charge for records sent directly to a physician or health care facility for continuing care.

Privacy Notice

Contract Health Services

Health Care Coverage

Health care through the Indian Health Service for American Indians and Alaska Natives is provided in two ways:

- Direct Care. Direct care includes all health services provided directly by Lake Roosevelt Community Health Centers.
- Contract Health Services. Some services are not available at Lake Roosevelt Community Health Centers. These services may require a referral to a non-IHS provider or facility.

If you require care that is not available at Lake Roosevelt Community Health Centers, your provider will make a referral to a Specialist or another provider. The referral does not mean that Contract Health Services will automatically pay for the service(s) requested. The Contract Health Services Program in Nespelem is the only program authorized to approve or deny payment for care received outside Lake Roosevelt Community Health Centers for Contract Health Services.

Special eligibility circumstances

- A non-Indian woman pregnant with an eligible Indian's child (usually for the duration of the pregnancy through postpartum). If the non-Indian woman is not married to the eligible Indian man, the Indian man must acknowledge he is the father in writing.
- A non-Indian member of an eligible Indian's household when the Medical Director in charge determines that the services are needed to control a public health hazard or an acute infectious disease.
- Any child under 19 years of age who is the natural, adopted, step-child, foster child, legal ward, or orphan of an eligible Indian shall be provided the same health services and is subject to the same rules that apply to eligible Indians until they are 19 years of age.

Eligibility for Contract Care

Specific policies and regulations created by Congress help determine who is eligible for Contract Health Services (CHS). In addition to showing proof of Indian descent or enrollment through Tribal or BIA documentation, you must:

- Live on the reservation, or within a contract health service deliver area. In our area this includes Ferry, Lincoln, Grant, Douglas, Chelan, Okanogan and Stevens Counties.
- If you are a descendent or member of another tribe and you live off the reservation, you must have a certified letter from the Tribe showing close social and economic ties to the Tribe whose reservation is in the contract health service delivery area.
- If you must be away from your contract health service delivery area because you are a full-time student, you must provide proof of full-time student status.
- Persons, who leave the contract health service delivery area in which they are eligible for Contract Health Services, and are neither students nor transients, will be eligible for Contract Health Services for a period of 180 days from departure.
- Use all other resources available to you to pay for your care, including signing up for Medicaid. If you do not already have alternate resources as described in the following section you must apply for them.
- Obtain prior approval from Contract Health Office for any non-emergency services located in Nespelam, WA.
- Notify Contract Health Service within 72 hours of receiving emergency services. When notifying Contract Health Services keep an accurate record of the date and the time you called and the name of the person you spoke to.
- The above are general guidelines; All requests are reviewed on a case by case basis.

Alternative Resources for Contract Health Services

Alternative Resources are other sources of health care or health care payment that are available and accessible to an individual.

Examples of alternate resources include (but are not limited to Medicare, Medicaid, Veterans' Benefits, Private Health Insurance, Workman's Compensation, Auto Insurance (liability)).

Students whose education grants include funds for health services are expected to use those funds to purchase available student health insurance.

Why require alternative resources?

Often alternative resources can pay for or be a source of health care services that the Indian Health Services is unable to provide. By using these resources the limited funds available through Contract Health Services can be stretched to help many more American Indians and Alaska Natives.

Why is Contract Health Services care denied?

The most common reasons to deny Contract Health Services are;

- Not being Contract Health Service Eligible
- Not living on or close to one's own reservation
- Failure to apply for alternate resources or to use these resources.
- Failure to notify Contract Health Services within 72 hours of receiving emergency services.
- Having a diagnosed medical problem that does not fall within the medical priority set by the Colville Service Unit.
- Lack of the appropriate documentation showing that you are a member of a federal recognized tribe or of Indian descent.

When Contract Health Services care is denied, what can you do?

If payment is denied, a denial letter will be sent to you by the Contract Health Services program. This denial letter will give you the reason(s) for the denial and explain your rights to appeal the decision.

You have 30 days from receipt of the denial letter to appeal at the Contract Health Services Program that denied paying the medical bill, if you have additional information that was not already provided to the Contract Health Services Program you can provide it at this time. The Contract Health Services Program must respond in writing within 30 days of receipt of your appeal.

If you are not satisfied with the response from the Contract Health Services Program that denied payment for your care, you may send a letter of appeal (within 30 days) to the second level, as explained in the denial letter. This office must respond within 30 days.

You're Responsibilities

- It is your responsibility to register with IHS clinic where you receive healthcare.
- When you register you will need to show proof of Indian descent and you will be asked to verify where you live. Your eligibility will be determined at this time.
- When you register you will be asked about alternative resources available to you (such as Medicaid or Private Insurance). You need to provide us with current and accurate information. Please bring all appropriate ID such as you private insurance information or Medicaid or Medicare card.
- If you do not have alternative resources but are potentially eligible for them, you will be asked to apply for them.
- Be sure to ask during the registration process if you are eligible for contract care or what you need to do to become eligible.

How do I contact the Contract Health Services Program?

The Contract Health Services program is located at the Colville Service Unit in Nespelem, WA. There address and phone number is:

Contract Health Services Program
Colville Service Unit
21 Lakes Street
PO Box 71
Nespelem, WA 99155
Phone: 509-634-2932

Notes
