



Strong Family Health Center

"Comprehensive Tribal Healthcare"

1203 Oak St. Alturas, CA 96101-3225

Phone (530) 233-4591 fax (530) 233-3055

Registration Cover Letter

Verification Documents Required:

- Pictured ID Card
- Social Security Card
- Proof of Tribal enrollment, eligibility for enrollment, or proof of descendency as stated in the Client Orientation
- Proof of residency such as, utility bill, rent receipt, school enrollment, employment or current tax return that shows a physical address in the SFHC service area
- Birth Certificate
- Health Insurance or alternate resource documentation, i.e. denial letter from Social Services

Complete / Sign and return to SFHC:

- Client Enrollment Application
- Authorization for Release of Information
- Notice of Receipt (of items listed below)

Information for you to keep:

- Client Orientation
- Notice of Privacy Practices by IHS (HIPAA)

If you have any questions please call our office at 530-233-4591



Strong Family Health Center
 1203 Oak St. Alturas, CA. 96101-3225
 Phone (530) 233-4591 Fax (530) 233-3055

RELEASE OF INFORMATION:
Authorization for Use or Disclosure of Protected Health Information
 (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)
The purpose for this information is to provide up to date Medical, Dental, Mental Health, Vision and/or Education support and services.

Client Name: _____ D.O.B. ___/___/___ S.S.N. _____

Physical Address _____ City/State/Zip Code _____ (____) _____
 Phone Number

Mailing Address _____ City/State/Zip Code _____ (____) _____
 Cellular Number

Please provide the name and contact number of your health care providers in the space given below.

Medical Doctor: _____
 Dentist: _____
 Eye Doctor: _____
 Hospital: _____
 Specialty Care: _____
 Mental Health Provider: _____
 Federally Recognized Tribes (Specify): _____
 School: _____
 Dept. of Social Services: _____
 Other (Specify): _____

I authorize the release of protected healthcare information (PHI) by providers that I see and their out-sourced billing associates. In addition, Strong Family Health Center (SFHC) is my payer of last resort and should be billed as such. I authorize my providers to address SFHC with any billing/payment issues. Providers may disclose my PHI necessary for medical appointments, treatments, consultations, billing, claims and payments. This authorization shall be in force and effective until 1 years from signature date at which time this authorization expires. I understand that I have the right to revoke this authorization in writing, at any time, but in doing so the revocation may limit my PRC services. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

 Signature of Client _____ Date

 Parent/Guardian of Minor Client _____ Date

 Signature of Witness (If signed with an X) _____ Date

This information is to be released for the purpose state above and may not be used by the recipient for any other purposes. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 U.S.C. 552a (1) (3)). In the case of alcohol and drug abuse patient records, a falsified authorization of disclosure is also prohibited under 42 CFR 2.31 (d) 12/12

**Strong Family Health Center
Client Enrollment Application**

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Work or Message Number: _____

California Indian: Yes ___ No ___

Alaskan Native: Yes ___ No ___

Are you currently enrolled in a federally recognized Tribe? Yes ___ No ___

If you answered yes, what is the name of the tribe: _____

If you are not currently enrolled in a federally recognized tribe, are you eligible for enrollment? Yes ___ No ___

If you are eligible for enrollment, what is the name of the Tribe in which you are eligible for enrollment: _____

If no, explain your eligibility for Indian Health Services:

Indian Blood Quantum (Degree of Indian Blood): _____

I _____, agree that this information is true and correct.
(Printed Name)

Signature: _____ Date: _____

Approved: ___ Client Number: _____

Denied: ___ Reason for denial: _____



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Notice of Receipt

I hereby acknowledge receipt of:

- The Client Orientation and I am aware of PRC Procedures
- The Notice of Privacy Practices by IHS (HIPAA)

I understand that if I have more questions or would like to see a SFHC Policy, a copy is available to me at Strong Family Health Center.

Signature of Client

Date

Parent / Guardian of Minor Client

Date

Signature of Witness (If signed with as X)

Date

STRONG FAMILY HEALTH CENTER

NEW CLIENT ORIENTATION

Strong Family Health Center (SFHC) is a non-profit Tribal organization that is funded annually by US Congress to provide Purchased and Referred Care (PRC) to eligible American Indians/Alaska Natives (AI/AN) residing within its service area. PRC funds are intended to help pay for care where no other sources of health care payments are available, or to supplement other alternate resources after they have been exhausted. PRC is not an entitlement program nor is it an insurance program, and must adhere to federal regulations.

ALTERNATE RESOURCE REQUIREMENTS

The use of alternate resources is mandated by the Indian Health Service Payor of Last Resort Rule, 42 C.F.R. 36.61. Alternate Resources include, but are not limited to, Medicare, Medi-Cal, CMSP, Veterans, Workmen's Comp., Private Insurance, Covered California, Partnership Health Plan, etc. An individual is required to apply for an alternate resource if there is reasonable indication you may be eligible for an alternate resource. Refusal to apply for alternate resources when there is a reasonable possibility that one exists, or refusal to use an alternate resource, will result in the denial of eligibility for Purchased and Referred Care Services. SFHC will help you to apply for an alternate resource if you need assistance.

APPOINTMENT PROCEDURES

All appointments must be pre-authorized by the PRC Manager or Executive Director. You may come to the office, call or notify one of the CHR's during a home visit regarding medical appointments. The health service provider will be notified by the PRC office and a purchase order will be issued, obligating payment prior to receiving medical service. Please do not assume all services are covered. If this process is not followed, you may be responsible for the medical expense.

We want the best possible services provided to our Clients so Strong Family Health Center has contracted with local providers to help better serve our clients and to make best use of funds available for Medical, Dental, Vision and Mental Health Services. Working with providers that regularly see SFHC Clients can expedite the purchase order, billing and payment process. Choosing a practitioner is a personal choice and we will do our best to assist you with your health care needs regardless of the practitioner you choose.

EMERGENCY PROCEDURES

If you require emergency care after office hours, during the weekend or on holidays, be sure to notify SFHC within 72 hours of obtaining emergency treatment. Section 406 of P.L. 94-437, as amended, allows the elderly and disabled clients to have 30 days to notify SFHC of emergency treatment. Again, if we are not notified in a timely matter, you may be personally responsible for the medical expense.

PRESCRIPTIONS

SFHC has contracts with local pharmacies for SFHC clients to charge prescriptions written from a qualified health care provider. Present your written prescription to the pharmacy and tell them you are a SFHC client. Be sure to provide information regarding any alternate resource you may have, as SFHC will follow Medi-Cal and private insurance drug formularies. Have the pharmacy contact the SFHC office with any questions.

TRANSPORTATION GUIDELINES

If you are unable to transport yourself to medical appointments because of lack of transportation, an undependable vehicle, or the inability to drive, you may make arrangements for SFHC staff to transport you. SFHC can only provide transportation if you have no other means of transport. Transportation arrangements through SFHC must be made at least 48 hours in advance. Transportation may be arranged through a transportation agency which requires a one (1) week notice. The use of seatbelts is required at all times when being transported by SFHC staff.

NOTE: SFHC staff will not transport clients who are under the influence of alcohol or drugs.

MILEAGE REIMBURSEMENT

To qualify for travel reimbursement for out of town appointments, the SFHC client must be Medi-Cal eligible with a share of cost not exceeding \$500 per month. The reimbursement rate for mileage is available for Specialty Care Medical Appointments outside Modoc County. Mileage will be paid at \$.10 cents per mile over the current IRS Medical Rate. All out of town medical appointment support is on a case-by-case basis and ONLY upon prior approval from the SFHC Executive Director.

MISSED APPOINTMENTS

If you are unable to keep a scheduled appointment, you must notify the medical provider or call the SFHC office as soon as possible so the appointment can be cancelled. Failure to properly cancel the appointment may result in the provider's refusal to reschedule you for another appointment. **SFHC will not be responsible for charges you receive for no show appointments.**

To be eligible for Indian Health Services (IHS) and Purchased and Referred Care (PRC) services an individual must meet one or more of the following criteria:

Irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including a descendant, in the first or second degree, of any such member: or Is an Eskimo or Aleut or other Alaska Native; or

Is a California Indian or Consistent with 25 U.S.C. §§ 1603(3), (13), (28), 1679, eligibility of California Indians may be demonstrated by documentation that the individual is a member of a federally recognize tribe or:

Is a descendant of an Indian, in the first or second degree who was residing in the State of California on June 1, 1852 ; or

Holds trust interests in public domain, national forest, or Indian reservation allotments in California; or

Is listed on the plans for distribution of assets of California Rancherias and reservations under the Act of August 18, 1958 (72 Stat. 619), or is the descendant of such an individual.

INDIAN HEALTH SERVICE
 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.

SUMMARY OF YOUR PRIVACY RIGHTS

- A. Understand Your Medical Record/Information. Each time you visit an Indian Health Service (IHS) facility for services, a record of your visit is made. If you are referred by the IHS through the Purchased/Referred Care (PRC) program, the IHS also keeps a record of your PRC visit. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- 1) Plan for your care and treatment.
- 2) Communication source between health care professionals.
- 3) Tool with which we can check results and continually work to improve the care we provide.
- 4) Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
- 5) Tool for education of health care professionals.
- 6) Source of information for public health authorities charged with improving the health of the people.
- 7) Source of data for medical research, facility planning, and marketing.
- 8) Legal document that describes the care you receive.

B. Understanding what is in your medical record and how the information is used helps you to:

- 1) Ensure its accuracy.
- 2) Better understand why others may review your health information.
- 3) Make an informed decision when authorizing disclosures.
- C. Your Health Information Rights. Your medical record is the physical property of the IHS, but the information belongs to you. You have the right to:
- 1) Inspect and receive a paper or electronic copy of your health information.
- 2) Receive notification of a breach of your unsecured protected health information.
- 3) Request a restriction on certain uses and disclosures of your health information to include certain disclosures of protected health information to your health plan. The IHS is not required to agree to the requested restriction except when the disclosure would be for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI relates solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.
- 4) Request a correction or amendment to your health information. The IHS may amend your record or include your Statement of Disagreement.
- 5) Request confidential communications about your health information.
- 6) Request and obtain a listing of certain disclosures the IHS has made of your health information.
- 7) Revoke your written authorization to use or disclose health information.
- 8) Request and obtain a paper or electronic copy of the IHS Notice of Privacy Practices.
- 9) Request and obtain a paper or electronic copy of the patient's medical record from the IHS Medical, Health and Billing Records, System Notice Number 09-17-0001.

D. Indian Health Service Responsibilities. The IHS understands that health information about you is personal and is committed to protecting your health information. The IHS is required by law to:

- 1) Maintain the privacy of your health information.
- 2) Inform you about our privacy practices regarding health information we collect and maintain about you.
- 3) Notify you if we do not agree to a requested restriction.

- 4) Notify you of our decision regarding a request for correction or amendment.
- 5) Accommodate reasonable requests you may have to communicate health information by alternate means or to an alternate location.
- 6) Promptly notify you of a breach of unsecured protected health information (PHI).
- 7) Honor the terms of this Notice or any subsequent revisions of this Notice.

REVISED NOTICE OF PRIVACY PRACTICES

The Indian Health Service (IHS) reserves the right to change its privacy practices and to make the new practices effective for all PHI it administers. The IHS updates its Notice of Privacy Practices at public places within its facilities and on the IHS web site at: <http://www.ihs.gov/Admin/Min/InqResources/HIPAA/index.cfm>

1) How the IHS may use and disclose health information about you. The IHS will not use or disclose your health information without your permission, except as described in this Notice and as permitted by the HHS Privacy Act regulations, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, Generic Information Non-disclosure Act (GINA) of 2003, and the IHS Medical, Health, and Billing Records, System Notice 09 17 0001. The following categories describe how we may use and/or disclose your health information.

- A. Treatment. We will use and/or disclose your health information to provide your treatment. For example:
- 1) Your personal information will be recorded in your medical record and used to determine the course of treatment for you. Your health care provider will document in your medical record their instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your medical record so your health care provider will know how you are responding to treatment.
 - 2) If you are referred or transferred to another facility or provider for further care and treatment, the IHS may disclose information to that facility or provider to enable them to know the extent of treatment you have received and other information about your condition.
 - 3) Your health care provider(s) may give copies of your health information to others, including health care professionals or personal representatives, to assist in your treatment.

B. Payment purposes. For example:

- 1) If you have private insurance, Medicare, or Medicaid, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.
- 2) If you are referred to another health care provider under the Purchased/Referred Care (PRC) program, the IHS may disclose your health information to that provider for health care payment purposes.

C. Health Care Operations. We will use and disclose your health information for health care operations. For example:

- 1) We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide.
- 2) Health Information Exchange (HIE). The IHS HIE may make your health information available electronically through an information exchange network to other providers involved in your care who request your electronic health information. Participation in the national eHealth Exchange network is voluntary. If you want your health information to be accessible to authorized health care providers through the IHS HIE to the national Health Exchange, you must authorize this use and disclosure. More information is available at <http://www.ihs.gov/mie/>

E. Personal Health Record. The Personal Health Record (PHR) is a secure web based application that provides patient access to his or her health care information. The PHR is accessible to any patient who

receives care at an IHS facility and requests a PHR account. Direct. The IHS may share your health information between providers and between healthcare providers, patients and/or patients' authorized representatives, using the DIRECT secure, web-based messaging service.

G. Business Associates. The IHS provides some healthcare services and related functions through the use of contracts with business associates. For example, the IHS may have contracts for medical transcription. When these services are contracted, the IHS may disclose your health information to business associates so that they can perform their jobs. The IHS requires our business associates to protect and safeguard your health information in accordance with applicable Federal laws.

H. On entry. If you are admitted to an IHS inpatient facility, the IHS may use your general condition and location within our facility for facility directory purposes, unless you notify us that you object to this information being listed. If an individual asks for you by name, the IHS may disclose your name, general condition, and location within our facility, unless you notify us that you object to this information being listed. The IHS may provide your religious affiliation only to members of the clergy.

I. Notification. The IHS may use or disclose your health information to notify or assist in the notification of a family member, personal representative, or other authorized person(s) responsible for your care, unless you notify us that you object.



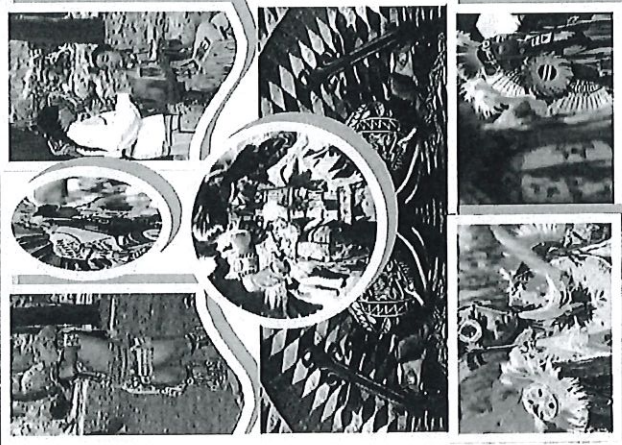
J. Communication with Family. All IHS health providers may use or disclose your health information to others involved with and/or responsible for your care unless you object. For example, the IHS may provide your family members, other relatives, close personal friends, or any other person you identify, with health information that is relevant to that person's involvement with your care or payment for such care.

K. Adults and Emancipated Minors with Personal Representatives. The IHS may disclose health information to a personal representative of an individual who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction.

INDIAN HEALTH SERVICE

DIVISION OF REGULATORY AFFAIRS

NOTICE OF PRIVACY PRACTICES

HIPAA

Health Insurance Portability and Accountability Act

PRIVACY RULE

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.

SUMMARY OF YOUR PRIVACY RIGHTS

Rights under this Notice or to Request Information or Report a Problem.
To exercise your rights under this Notice, to ask for more information, or to report a problem contact the Service Unit Chief Executive Officer or the appropriate Privacy official at:

Strong Family Health Center
Facility name

1203 Oak St Alturas CA
Address

530-233-4591
Phone number

If you believe your privacy rights have been violated, you may file a written complaint with the above individual or the Secretary, Department of Health and Human Services, Washington, D.C. 20201.
There will be no retaliation for filing a complaint.

Effective Date: April 09, 2014

administrative proceedings if required or authorized by law.
5) The IHS may disclose health information to report a crime committed on IHS health facility premises or when the IHS is providing emergency health care; and

6) The IHS may use or disclose health information during a disaster and for disaster relief purposes.

7) Required by Law. The IHS may use or disclose health information, to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

8) AA. Non-Violation of this Notice. The IHS is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) discloses health information under the following circumstances:

1) Disclosures by Whistleblowers. If an IHS employee or business associate in good faith believes that the IHS has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by the IHS has the potential of endangering one or more patients, members of the workforce, or the public and discloses such information to:

a. A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation or failure to meet professional standards or misconduct by the IHS; or
b. An attorney on behalf of the workforce member, or contractor (business associate) or filed by the workforce member or contractor for the purpose of determining their legal options regarding the suspected violation.

2) Disclosures by Workforce Member Crime Victims. Under certain circumstances, an IHS workforce member (either an employee or contractor) who is a victim of a crime on or off the IHS facility premises may disclose information about the suspect to law enforcement officials provided that:

a. The information disclosed is about the suspect who committed the criminal act.
b. The information disclosed is limited to identifying and locating the suspect.

BB. Any Other Uses and Disclosures. Most uses and disclosures of psychotherapy notes (where appropriate) require authorization. Other uses and disclosures of PHI not listed in this Notice will be made only with your written authorization, which you may later revoke in writing at any time. Such revocation would not apply where the health information already has been disclosed or used or in circumstances where the IHS has taken action in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contact a claim under the policy or the policy itself.

2) To government authorities that are authorized by law to receive reports of child abuse or neglect; and

3) To government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence, or as authorized by law if the IHS believes it is necessary to prevent serious harm. Where authorized by law, the IHS may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. In some situations it is necessary to prevent or reduce a serious and imminent threat to the health and safety of a community or the public. The IHS may disclose your health information to a person concerning a work-related injury or illness, or a medical surveillance program (for example, if you are employed by IHS or another component of the Department of Health and Human Services (HHS))

4) Correctional Institution. If you are an inmate of a correctional institution, the IHS may disclose to the institution, health information necessary for your health and the health and safety of other individuals such as officers, employees, or other inmates.

5) Law Enforcement. The IHS may disclose your health information for law enforcement activities as authorized by law or in response to an order of a court of competent jurisdiction.

6) Health Oversight Authorities. The IHS may disclose your health information to health oversight agencies for activities authorized by law. These oversight activities may include: investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. The IHS is required by law to disclose health information to the Secretary, HHS to investigate or determine compliance with the HIPAA privacy standards.

7) Members of the Military. If you are a member of the military services, the IHS may disclose your health information if necessary to the appropriate military command authorities as authorized by law.

8) Compelling Circumstances. The IHS may disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances:

1) The IHS may disclose limited health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;

2) If you are believed to be a victim of a crime and a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests;

3) The IHS may use or disclose health information that we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person;

4) The IHS may disclose health information in the course of judicial and

interpreters. In order to provide you proper care and services, the IHS may use the services of an interpreter. This may require the disclosure of your health information to the interpreter.

Research. The IHS may use or disclose your health information for research purposes when approved by an IHS Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information. The IHS may also use or disclose your health information for non-IRB approved research purposes based on your written authorization.

Organ Procurement Organizations. The IHS may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye, or tissue donation and transplant.

Uses and Disclosures about Decedents. The IHS may use or disclose health information about decedents to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. The IHS also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, the IHS may disclose health information about decedents where required under the Freedom of Information Act or otherwise required by law.

Treatment Alternatives and Other Health Related Benefits and Services. The IHS may contact you to provide information about treatment alternatives or other types of health related benefits and services that may be of interest to you. For example, we may contact you about the availability of new treatment or services for diabetes.

Food and Drug Administration. The IHS may disclose your health information to the Food and Drug Administration (FDA) in connection with a FDA regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA regulated products (including product recalls, repairs, replacements, or safety alerts that have been recalled or withdrawn), or post-marketing surveillance.

Appointment Reminders. The IHS may contact you with a reminder that you have an appointment for medical care at an IHS facility or to advise you of a missed appointment.

Workers Compensation. The IHS may disclose your health information for workers compensation purposes as authorized or required by law.

Public Health. The IHS may use or disclose your health information to public health or other appropriate government authorities (Federal, State, local or Tribal) as follows:

1) To government authorities that are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions;