

# VOGELFANGER AND STRUBLE CLINIC

## Helpful Community Resources

<u>EMERGENCY NUMBERS</u>	<u>MEDICAL RESOURCES</u>
Suicide and Crisis Intervention... 1-901-274-7477	Health Department..... 1-901-544-7600
Mobile Crisis Team..... 1-901-577-9400	Memphis Health Center..... 1-901-744-7773
Abused Women's Service..... 1-901-725-4277	Church Health Center..... 1-901-272-7171
Sexual Assault Resource Center. 1-901-272-2020	Christ Community Health..... 1-901-398-2442
Any Emergency..... 911	The MedPlex..... 1-901-545-6970
Child AbuseHotline..... 1-877-237-0004	

<u>PSYCHIATRIC HOSPITALS</u>	<u>TRANSPORTATION SERVICES</u>
MMHI..... 1-901-274-7477	TennCare Transportation..... 1-901-385-4969
Delta Medical Center..... 1-901-369-8100	MATA..... 1-901-274-6282
Lakeside..... 1-901-377-4700	Greyhound..... 1-800-231-2222
St. Francis..... 1-901-765-1400	
Parkwood..... 1-901-521-1400	
Compass Intervention ..... 1-901-758-2002	
Veteran's Hospital..... 1-901-523-8990	

<u>RECREATION</u>			
Skinner Center.....	1-901-272-2528	Drop-In Center.....	1-901-543-4634
Senior Citizens Center.....	1-901-576-6500	The Peer Center.....	1-901-523-0124

<u>HIV/AIDS SERVICES</u>	<u>LEGAL SERVICES</u>
Friends for Life..... 1-901-272-0855	Memphis Area Legal Services... 1-901-523-8822
Peabody House..... 1-901-527-3863	Community Legal Services..... 1-901-543-3385
Adult Special Care Clinic..... 1-901-545-7446	
AIDS Hotline..... 1-901-544-7575	

<u>FINANCIAL ASSISTANCE</u>	<u>OTHER IMPORTANT NUMBERS</u>
Social Security ..... 1-800-772-1213	NAMI..... 1-901-725-0305
DHS..... 1-901-344-5040	Memphis Housing Authority... 1-901-544-1150
MIFA..... 1-901-527-0208	TennCare Hotline..... 1-800-669-1851
Community Services Agency. 1-901-545-4630	Recovery Resources..... 1-877-345-3220
Salvation Army..... 1-901-543-8586	Addiction Treatment..... 1-901-521-0094
Consumer Credit Counseling. 1-901-323-4909	Methadone Treatment..... 1-901-722-9420
	Methadone Treatment..... 1-901-375-1050
	Senior Services..... 1-901-766-0600
	VocRehab..... 1-901-528-5284

# VOGELFANGER AND STRUBLE CLINIC

## Office Protocols and Policies

### OFFICE HOURS

Our office hours are from 8:30 am until 5:00 pm Monday through Friday. Our phone lines are open from 9:00 am until 5:00 pm. Our answering service will answer our phones during the lunch period from 11:30 am until 1:00 pm. Appointment requests and other non-emergency calls will be answered during the normal business hours. After-hours emergency calls will be answered by the answering service and given to the physician on-call. Our physician staff is on-call 24 hours a day seven days a week.

### HOLIDAYS

Our office will be closed on major holidays. There will be physician coverage at all times. Calls made on holidays will be answered by the answering service. Please call 901-767-1136 as usual. Non-emergency calls will be returned the following business day.

### REQUESTS FOR MEDICATION REFILLS

Requests for medication refills must be made during normal business hours. Medication refill requests will most likely be denied if you have missed your last appointment with the doctor or nurse practitioner. Any controlled substance (i.e., anti-anxiety medication or stimulants for ADHD) will not be refilled without an appointment. Lost or stolen medications will not be refilled. A police report may be required to fill your medication at your next scheduled appointment.

### FOLLOW-UP APPOINTMENTS

Follow-up appointments are made at the end of each appointment. A reminder card is given at that time. We do not routinely call you to remind you of your follow-up appointment.

### LATE CANCELATIONS AND NO SHOWS

A 24 hour notice is required in order to cancel an appointment. A notice of less than 24 hours counts as a missed appointment/late cancellation. Failing to come to a scheduled appointment counts as a missed appointment. We reserve the right to decline to schedule further appointments after three or more missed appointments. If we have to terminate treatment because of excessive missed appointments, we will be glad to refer you to a mental health provider in your area. As a courtesy to all patients we do not charge a missed appointment fee.

### DRUG-SCREENING POLICY

The physician's or nurse practitioner's ability to continue to provide mental health services to our patient population can be severely limited or even stopped entirely if the patient misuses prescription medication. We want to continue to provide quality mental health services to you, we want you to be safe, and therefore we make it a policy to drug-screen.

### PRIOR AUTHORIZATIONS FOR MEDICATION

The office will obtain prior authorizations for medication from your insurance carrier within 72 hours and notify your pharmacy.

### FEES

There will be a fee for the following:

- Copies of medical records and miscellaneous letters- \$20.00
- Disability forms and school forms- \$25.00
- Functional assessment- \$200.00

Payment will be required before paperwork is released.

*If you have any questions regarding the above mentioned protocols or policies feel free to ask our staff or speak to your provider.*

# VOGELFANGER AND STRUBLE CLINIC

## 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.***

### I. What This Is.

This notice describes the privacy practices of Vogelfanger and Struble Clinic PLLC (the "Practice").

### II. Our Privacy Obligations

We are required by law to maintain the privacy and health information about you ("Protected Health Information" or "PHI") and to provide you with this notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

### III. Permissible Uses and Disclosures without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

- A. Uses and Disclosures for Treatment Payment and Health Care Operations. We may use and disclose PHI in order to treat, obtain payment for services provided to you, and to conduct our "health care operations" (e.g., internal administration, quality improvement, and customer service) as detailed below.
- a. Treatment. We use and disclose PHI to provide treatment and other services for you- for example, to diagnose and treat your injury or illness or condition. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also disclose PHI to other providers in this office involved in your treatment.
  - b. Payment. We may use and disclose PHI to obtain payment for services that we provide to you, for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company. That arranges or pays the cost of some or all of your health care (your Payer) or to verify that your Payer will pay for health care.
  - c. Health Care Operations. We may use and disclose PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care we deliver to you. For example, we may use your PHI to evaluate the quality and competence of our providers. We may disclose PHI to our office manager in order to resolve any complaints you may have and ensure you have a pleasant visit with us.
- B. We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud abuse detection or compliance.

# VOGELFANGER AND STRUBLE CLINIC

## Notice of Privacy Practices

- C. Disclosure To Relatives, Close Friends and Other Caregivers. We may use or disclose PHI to a family member, other relative, a close personal friend, or any person identified by you when you are present for or otherwise available prior to disclosure. If you object to such uses or disclosures, please notify the Office Manager. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information in this situation, we would only disclose information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.
- D. Public Health Activities. We may disclose PHI for the following public health activities: (1) to report health authorities for the purpose of preventing or controlling disease, injury, or disability, (2) to report child or elder abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports, (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- E. Victims of Abuse, Neglect, or Domestic Violence. If we reasonably believe you are the victim of abuse, neglect, or domestic violence we may disclose PHI to a government authority, including a social service or protective services agency authorized by law to receive reports of such abuse neglect, or domestic violence.
- F. Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- G. Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- H. Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
- I. Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.
- J. Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- K. Research. We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.
- L. Health or Safety. We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's safety.
- M. Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under special circumstances required by law.
- N. Worker's Compensation. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs.
- O. As required by law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

# VOGELFANGER AND STRUBLE CLINIC

## Notice of Privacy Practices

### IV. Uses and Disclosures Requiring Your Written Authorization.

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described in Section III, we may only use or disclose PHI when (1) you give us your authorization on our authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company, your child's camp or school, or to an attorney representing the other party in litigation in which you are involved.

B. Authorization for sixteen and seventeen year olds. A sixteen or seventeen year old will need to execute a written authorization in order for providers or this office to release information to the parent.

C. Special Authorization. Confidential HIV-related information (for example, information regarding whether you have ever been the subject of an HIV test, have HIV infection, HIV-related illness, or AIDS, or any information which could indicate that you have ever been potentially exposed to HIV) will never be used or disclosed to any person without your specific written authorization except to certain other persons who need to know such information in connection with your medical care, and in certain limited circumstances, to public health or other government officials (as required by law), to persons specified in a special court order, to insurers as necessary for payment of your care and treatment, or to certain persons with whom you have had sexual contact or have shared needles or syringes. This authorization ("Your Special Authorization") is a separate document from Your Authorization.

There is only one type of disclosure of confidential HIV-related information which is permitted with Your Authorization, as opposed to your Special Authorization: disclosure to a third party payer for any reason other than obtaining payment for health care services to you.

D. Marketing Communications. We must also obtain your written authorization ("Your Marketing Authorization") prior to using your PHI to send you any marketing materials. (We can however, provide you with marketing materials in a face-to-face encounter, without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization.) In addition, we may communicate with you about products or services related to your treatment, case management, or care coordination as well as alternative treatments, therapies, providers, or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

### V. Your Individual rights

A. For Further Information or Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we have made about access to PHI, you may contact our Office Manager. You may also file written complaints with Vogelfanger and Struble Clinic, or the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Office Manager will provide you with the correct address. We will not retaliate against you if you file a complaint.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of PHI (1) for treatment payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved in your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. All requests for such restrictions must be made in writing. While we regard all requests for additional restrictions, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request from our Office Manager and submit the completed form to the Office Manager. We will send you a written response.

# VOGELFANGER AND STRUBLE CLINIC

## Notice of Privacy Practices

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable request for you to receive PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please obtain a record request form from the office and submit the completed form to the Office Staff. If you request copies, we will charge you \$20.00 (twenty dollars).

You should take note that if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (e.g., records relating to venereal disease, abortion, or care and treatment to which the minor is permitted to himself/herself (without your consent) such as HIV testing, sexually transmitted disease diagnosis and treatment, chemical dependence treatment, prenatal care, care received by a married minor, and contraception and/or family planning services).

E. Right to revoke your authorization. You may revoke Your Authorization, Your Special Authorization, or Your Marketing Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Office Manager. A form of written revocation is available upon request from the Office Manager.

F. Right to Amend Your Rights. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please submit a request in writing to the Office Manager. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive an Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any time period prior to the date of your request provided such period does not exceed six years and does not apply to any disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you \$.75 (seventy-five cents) per page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request you may obtain a paper copy of this notice.

### VI. Effective Date and Duration of This Notice

A. Effective Date. This notice is effective on July 1, 2008.

B. Duration. This notice will be in effect until replaced by another.

C. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the revised notice in waiting areas of the Practice. You may also obtain any revised Notice by contacting the Office Manager.

### VII. Office Manager.

You may contact the Office Manager at:

Vogelfanger and Struble Clinic, PLLC  
6005 Park Avenue, Suite 630-B  
Memphis, TN 38119

Telephone Number: (901) 767-1136  
Fax Number: (901) 767-0476

# VOGELFANGER AND STRUBLE CLINIC

## EPSDT/TENnderCARE WELL-CHILD CHECKUP

### What is a TENnderCare Well-Child Checkup?

- TENnderCare is a program for TennCare members under age 21.
- The program provides free EPSDT (Early Prevention, Screening, Detection and Treatment) with regular medical, dental, vision, and hearing checkups to prevent illness.
- TENnderCare Well-Child check-ups are important...and they are free.

### Well-Child checkups help:

- Prevent illness. Regular checkups and proper immunizations help youngsters stay healthy.
- Find problems early. Your child may look healthy, but your child could still have a health problem. Regular checkups help find problems early before they become serious.

### A Well-Child visit includes:

- A complete health and development history.
- Comprehensive physical exam.
- Needed immunizations (shots).
- Needed lab tests.
- Health education.
- Vision and hearing testing.
- Dental screening.

### Additional Well-Child services include:

- Follow-up care if a problem is found.
- Referral to a specialist if needed.
- Dental checkups every six months starting at age three. Or sooner if a problem is found.

### A checkup is just a call away!

For an appointment, just call your child's primary care physician (PCP) or dentist.

### Need help?

- To get a ride to your PCP's or dentist's office for an EPSDT visit, call your local Community Services Agency listed in the Quick References section of your member handbook or directory.
- If you need more information about transportation, Well-Child checkups, or help with making an appointment, call Customer Service. The number is on the back of your member ID card. Hours are Monday-Friday, 9 am to 7 pm, CST.

## **MENTAL HEALTH ADVANCE DIRECTIVES**

Washington State Hospital Association, Association of Washington Public Hospital Districts  
300 Elliott Avenue West, Suite 300 • Seattle WA 98119-4118  
(206) 281-7211 • (206) 283-6122 FAX  
[www.wsha.org](http://www.wsha.org) • [www.awphd.org](http://www.awphd.org)

### **What Patients Need to Know About Mental Health Advance Directives**

If you take the opportunity in advance, you have the right to direct the type of mental health treatment you want, even in the event you cannot make sound decisions due to an occurrence of mental illness. A mental health advance directive is a document that allows you to decide and write down how you would like your mental health treatment handled in the future. This brochure answers some commonly asked questions about these directives in Washington State.

### **What does a mental health advance directive do?**

A mental health advance directive is much like a living will for health care. A person with or without a mental illness can specify how treatment decisions should be made if the person becomes unable to make sound choices due to the mental illness. Under Washington law, you may create a directive that gives someone else the legal authority to make mental health decisions for you if you are unable to make sound decisions. You can say what types of decisions you want made for you and even what those decisions should be. The person you choose to make the decision is called an agent. You can also write down instructions about the treatment you wish to receive. For instance, the directive can say what medication you do or do not want and why, or describe ways to calm you when you are upset. You can have a directive that only appoints an agent or one that only provides instructions about treatment, or a directive that does both.

### **When does a mental health advance directive apply?**

A mental health advance directive goes into effect only if a person becomes "incapacitated" according to Washington State law. When a person is not incapacitated, that person can make decisions about mental health treatment at that time without the help of an agent or prior instructions. A person with a directive can choose in advance whether or not he or she can change or cancel the instructions in the directive if he or she becomes incapacitated. If a person with a directive chooses to not be able to change or cancel the directive on becoming incapacitated, that person may receive treatment based on the directive even if the person says he or she does not want to be treated at the time.

### **What does incapacitated mean?**

"Incapacitated" is a legal term, which generally means that a person cannot make sound decisions about his or her care or treatment. Before a person can be declared incapacitated, certain health-care providers or a court must examine the person and decide whether he or she understands information that is needed to make decisions regarding his or her health care. If the person is found to be incapacitated, then the mental health advance directive will apply.

### **Who can I appoint to make mental health decisions for me?**

The person you choose to make mental health decisions for you should be someone you trust. Unless the person is also your spouse, adult child, brother, or sister, you cannot pick the following people as your "agent": your doctor, an employee of your doctor or an administrator, owner, or employee of the health-care facility in which you live or are a patient.

### **Do hospitals require that I have a mental health advance directive?**

Hospitals do not require that you have a mental health advance directive, but hospital staff must ask if you have one. If you do have one, the hospital must write this information in your chart. A hospital cannot discriminate against a patient based on whether or not the patient has a directive.



### **Can I change my mental health advance directive?**

The best way to change your mental health advance directive is to cancel or revoke it. To cancel or revoke your directive, you must make a statement in writing stating that you want to cancel or revoke the directive and sign it. You or your agent must give copies of the statement canceling or revoking your directive to everyone who got copies of your directive. You may be able to cancel or revoke your directive only when you have capacity, unless you chose in the directive to be able to cancel or revoke the directive when you do not have capacity. If you change your directive and make a new directive, you should give new copies to your family, doctor, attorney, agent and others that might need a copy. Your health-care provider must know about the change or it will not be effective.

### **Where should I keep my mental health advance directive?**

You and your family should agree on a place to keep your original mental health advance directive. Copies should be given to your family members, doctor, attorney, and anyone you have appointed as an agent to make decisions for you if you become incapacitated. If you are being admitted to the hospital, you should take a copy with you.

### **Will hospitals and my doctor honor my mental health advance directive?**

Hospitals and doctors support patients' rights to make decisions about their mental health care. They will honor mental health advance directives that meet state law requirements, medical and ethical practice standards, and policies and procedures of the hospital. Hospitals and doctors must tell you their policies on directives and whether they know of any conflict between your directive and their policies. If the policies conflict, you or your agent will have to decide whether to continue treatment even though it may not follow your directive's instructions. If the hospital or doctor cannot follow part of the directive, the rest of the directive is still valid.

### **What if I have a complaint concerning non-compliance with my mental health advanced directive?**

If you believe your mental health advanced directive has not been honored by the hospital or your doctors, you may make a complaint concerning non-compliance with the Washington State Mental Health Division by contacting the Quality Improvement and Assurance section at 1-888-713-6010.

### **What if I have a living will or durable power of attorney for health care?**

If you already have a living will and/or durable power of attorney for health care that applies to medical decisions, you should review what it says. The living will and durable power of attorney for medical decisions will be in effect except where they conflict with what your mental health advance directive says. To avoid confusion, you may want to consider having only one person be your agent to make health-care decisions for both mental health and medical decisions. You may also want an attorney to review how the documents fit together.

### **How do I prepare a mental health advance directive?**

A standard form for a mental health advance directive is provided in state law under Title 71, Revised Code of Washington. You may want to involve your health-care provider and/or attorney in making a directive. If you think a directive would be a useful planning tool, contact one of the following agencies. They can assist you in finding a lawyer who will help you write a directive, in some cases for little or no fee.