



FALL CREEK
INTERNAL MEDICINE

2160 NE WILLIAMSON COURT
BEND, OREGON 97701

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ACKNOWLEDGEMENT OF PRIVACY PRACTICES POLICY OFFERED

The Notice of Privacy Practices describes the uses and disclosures of health information followed by staff and other office personnel of Fall Creek Internal Medicine, and your rights regarding your health information.

You understand and agree that Fall Creek Internal Medicine may use and disclose your health information in order to:

- Make decisions about your care and treatment plan.
- Refer to, consult with and manage, along with other health care professionals, for your care and treatment.
- Determine your eligibility for insurance coverage, submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of your health care.
- Perform various office, administrative and business functions to support your physicians' efforts to provide you with, arrange and be reimbursed for quality, cost effective health care.

This may be in the form of written, electronic or verbal correspondence, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatment, procedures, prescriptions and similar types of health related information.

_____ have received a copy of Fall Creek Internal Medicines Notice of Privacy Practices.

_____ have declined a copy of Fall Creek Internal Medicines Notice of Privacy Practices

Patient Signature (or responsible party for patient)

Date

Printed Name

We reserve the right to change our privacy practices in accordance with the law. The terms contained in the **Policy** may change. A summary of the **Policy** will be available in the lobby of our office indicating the revised effective date in the top left hand corner. We will offer each patient an initial copy of the **Policy** and will provide additional copies upon request.

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt and or offer of our Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)



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PATIENT CHOICE MANDATE/OREGON REFERRAL RIGHTS

THIS NOTICE DESCRIBES YOUR REFERRAL RIGHTS WHEN YOUR HEALTH CARE PROVIDER REFERS YOU TO ANOTHER PROVIDER OR FACILITY FOR ADDITIONAL TESTING OR HEALTH CARE SERVICES.

In accordance with Oregon law, when you are referred for care outside of our clinic **we, Fall Creek Internal Medicine, LLP**, are required to notify you that you may have the test or service done at a facility other than the one recommended by your physician or health care provider.

Oregon law says (ORS 441.098):

- A referral for a diagnostic test or health care treatment or service shall be based on the patient's clinical needs and personal health choices.
- A health practitioner shall not deny, limit or withdraw a referral solely because the patient chooses to have the diagnostic test or health care treatment or service at a facility other than the one recommended by the health practitioner.
- A health practitioner or the practitioner's designee shall provide notice of patient choice at the time the patient establishes care with the practitioner and at the time the referral is communicated to the patient.
- The oral or written notice of patient choice shall clearly inform the patient:
 - (a) That when referred, a patient has a choice about where to receive services; and
 - (b) Where the patient can access more information about patient choice.
- The patient has a choice and when referred to a facility for a diagnostic test or health care treatment or service the patient may receive the diagnostic test or health care treatment or service at a facility other than the one recommended by the health practitioner;
- If the patient chooses to have the diagnostic test, health care treatment or service at a facility different from the one recommended by a practitioner, the patient is responsible for determining the extent of coverage or the limitation on coverage for the diagnostic test, health care treatment or service at the facility chosen by the patient.

What this means for you as the patient:

If your health care practitioner recommends you follow up for additional care with another health care provider or feels you need additional testing (for example, labs, x-ray or other scan), talk to your provider about where you can get these services. Your provider may refer you to a facility or specialist with whom they are familiar; however, you can have your provider send your referral to the provider/facility of your choice.

Please note: *YOU are responsible for determining if the facility or provider is covered by your health insurance. Fall Creek Internal Medicine, LLP is **not** responsible for services obtained that are out of network or not covered by your insurance plan.*

Please sign and date below that you understand your rights and received this notification

Patient Signature

Date

Where to get more information:

For more information about this law, please contact: FCIM Clinic Administrator

-OR-

For more information about this law, please contact the Oregon Health Authority, Public Health Division, Health Care Regulation and Quality Improvement Program (HCRQI) at:

Phone: 971-673-0540 Email: mailbox.hclc@state.or.us

Website: <https://public.health.oregon.gov> (search for HCRQI)C:/SB 683 patient info posting waiting room/exam rooms_08_14