

Consent for Medical, Behavioral Health, and Dental Treatment

On the Registration Form, I have given consent to **Sheridan Health Services. (SHS)** to provide medical, behavioral health, and dental services to me and my family members to whom I am the parent or guardian and are listed on the Registration Form. I understand that this authorization applies to all routine health maintenance services and to all services available for acute and chronic medical, behavioral, and dental conditions. Furthermore, I acknowledge that no guarantees have been made to me as a result of treatment through **Sheridan Health Services.**

The services authorized by this consent include those provided under the auspices of **Sheridan Health Services** by, but not limited to: Medical staff including physicians, nurse practitioners, physician assistants, nurses, health educators, medical technologists, and medical assistants; Dental staff including dentists, dental hygienists, and dental assistants; and Behavioral Health Staff including licensed psychologists, social workers, counselors, and registered psychotherapists. I further consent to treatment by health professionals-in-training, which are under the supervision of responsible health professionals employed by **Sheridan Health Services.**

I understand that **Sheridan Health Services** will keep my protected health information confidential as directed by law. However, I understand that **Sheridan Health Services** providers may be required to report to authorities if they have reasonable cause to believe that child abuse or neglect has occurred or is occurring, or if they believe, in good faith, that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of me or another person. I understand that **Sheridan Health Services** has contracts and agreements with the State of Colorado which allows for certain sharing of clinical and financial information. These programs include, but are not limited to, the Colorado Indigent Care Program, Women's Wellness Connection, Colorado Migrant Health Program, Susan Komen Program, and the State Infectious Disease Control Program.

For clients at the School Based Health Center: *I understand that the Colorado Department of Public Health and Environment (CDPHE) provides funding for the health services I receive at this school-based health center, and is legally able to receive information regarding services provided to patients. CDPHE receives combined data for all patients, and this data does not specifically identify any individual patient.*

Sheridan Health Services endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time.

I voluntarily consent to outpatient care and treatment performed at Sheridan Health Services. I also consent to routine services, diagnostic procedures, medical treatments and other services deemed necessary by the healthcare providers treating me. I understand that healthcare services are not an exact science and diagnosis and treatment may cause injury. I understand that I have the right to consent to or refuse to consent to any proposed procedure or treatment, and to discuss it with my healthcare provider. I also understand that in the course of my treatment I may have one or more photographs taken to use for monitoring of my treatment and guiding healthcare provider interventions. I understand that students and individuals who want to learn about the roles of healthcare providers may observe and participate in exams, procedures, and treatments. I consent to this but I have the right at any time to object to an individual observing my care or student participating in my care. This objection will be honored.

If you receive a prescription for a controlled substance (narcotic drug) from our office and fill that prescription at a pharmacy in Colorado, certain identifying prescription information, including the name of the patient, will be entered into a secure database maintained by Colorado's Prescription Drug Monitoring Program.



Notice of Privacy Practices
Effective: September 23, 2013

Your Information. Your Rights. Our Responsibilities.

This notice describes the University of Colorado Anschutz Medical Campus' practices, uses and disclosures of your medical information. The following are included as a part of these campuses:

- Any health care professional who treats you at any of our locations;
- All departments and units of the University of Colorado that must use your medical information as a part of their job;
- All employees, volunteers, and staff of the University of Colorado Denver;
- Any business associate who performs work for us that requires them to access to your medical information;
- All students in certified training programs.

All of these entities, sites and locations will follow what is said in this notice. In addition, they may share medical information with each other for your treatment, payment or their health care operations described in this notice.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Amend your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Market our services

- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

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

Get an electronic or paper copy of your medical record

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

Ask us to amend your medical record

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

Request confidential communications

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

Ask us to limit what we use or share

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

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer via phone (303) 724-0983 or email hipaa@ucdenver.edu
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

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

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

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

- Include your information in a hospital directory

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

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

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

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again. Information used may include your name, address, phone number, the dates you received services, department(s) from which you received services, your treating physician(s), outcome information, and health insurance status to contact you in an effort to raise money for the School of Medicine. Your choice to opt-out will not be a condition of treatment or payment.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

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

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

Run our organization

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

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

Bill for your services

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

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

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

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

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

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

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

Changes to the Terms of this Notice

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

Contact Information

University of Colorado Denver Privacy Officer:
13001 E. 17th Place, MS F497
Aurora, CO 80045

The University of Colorado Denver maintains a confidential reporting hotline, which may be accessed at:

www.ethicspoint.com



Clinic Fees

SUBJECT: Patient Responsibility for Clinic Fees	DRAFT DATE:
AUTHORIZING AUTHORITY: Board of Directors, Sheridan Health Services	APPROVAL DATE: April 16, 2013 Updated: March 7, 2016

I. PURPOSE

The purpose of the policy is to document the process by which Sheridan Health Services will establish its schedule of fees for services offered and to document the process by which Sheridan Health Services will determine the eligibility of its patients to receive a discount for these charges.

II. POLICY

It is the policy of SHS to maintain costs and fees that are consistent with locally prevailing rates or charges and are designed to cover the reasonable costs of operations for services provided to our patients.

SHS will make every reasonable effort to obtain reimbursement from third party payors including public insurance programs such as Medicaid, CHP+, Medicare and other public assistance programs, as well as private health insurance for patients who have such coverage. These payors will be billed based on the full amount of fees for such services as negotiated through their contracts without application of any discount. Sheridan Health Services will expect patients with third party coverage from public or private programs to pay any required co-payments for services at the time of service.

Patients without coverage from third party payors (uninsured or underinsured) will be offered the opportunity to apply for the sliding fee discount program. This program will apply to all patients and families with annual incomes at or below 200 percent of the Federal Poverty Guidelines.

III. PROCEDURE

All patients are charged based on the Sheridan Health Services fee schedule (see attached).

- Sliding Fee Scale patients will be billed and charges adjusted according to their discount rating.
- Third party insurance companies will be billed based on the fees associated with Current Procedural Terminology (CPT) codes. Full reimbursement is expected based on rates negotiated through contracts with private insurance companies and our current FQHC encounter rate for public insurance programs, minus any copayments due from the patient at the time of service.
- Patients in other programs such as ARTS/Doctor’s Care/CICP will be charged their most current rate schedule and fees will be adjusted based on their program schedule.
- Patients not eligible for the Sheridan Sliding Fee Discount Program, or without insurance or another discount program are subject to full charge prices.



Cancellation and Missed Appointment Policy

SUBJECT: Appointment Cancellations	DRAFT DATE: Revised July 13, 2015
AUTHORIZING AUTHORITY: Board of Directors	APPROVAL DATE: December 16, 2014 Updated: March 8, 2016

I. PURPOSE

The purpose for having a cancellation policy is to increase visit compliance and promote accountability for existing patients. The reason for instituting this policy is to provide service to those who need care. If an appointment is not kept, it generally means that someone else was not able to receive service. This policy will also enable the clinic to serve the number of patients needed to remain a viable federally qualified health center.

II. POLICY

Sheridan Health Services will request that both new and established patients provide at least a 24 hour notice of cancellation of their appointment.

III. PROCEDURE

Inform patients of appointment cancellation policy by the following methods:

- Signage in English and Spanish will be displayed on the walls in all clinic reception areas.
- Operations Manager to incorporate changes to patient responsibilities document for new patients.
- Receptionists to remind patient of the policy at time of scheduling an appointment.
- Operations Manager to add policy notification to telephone appointment reminder recording.
- Finance Manager to include language in the Sliding Fee Scale application for client sign-off, and incorporate education of policy in general Outreach and Enrollment appointments and activities.

If patient does not call within 24 hours of appointment to cancel or reschedule, the front desk personnel will indicate this on the schedule and verify the total number of missed appointments in the patient’s appointment history.

If a patient has more than 4 missed visits or cancellations without cause in the period of a 12-month period, they will be notified that their future appointment availability will be limited to the last appointment slot before lunch or at the end of the day. This scheduling method will be the least disruptive to daily appointments scheduled for others.