

# PATIENT HANDBOOK

## COASTAL COMMUNITY HEALTH

- **106 Shoppers Way, Ste 101 Brunswick GA 912-275-8028**
- **2211 Bartow St, Brunswick, GA 912-289-2006**
- **6574 Shellman Bluff Rd NE, Townsend, GA 912-623-4755**
- **1299 Hwy 57, Townsend, GA 912-547-5277**

**MISSION STATEMENT** The mission of Coastal Community Health, Inc. is to embrace our community by seeking to meet the primary and preventive health care needs of the medically underserved residents in diverse settings with quality, affordable and accessible healthcare and supportive services. We will help our community to become healthy by providing access to care regardless of ability to pay, race, religion, or other barriers.

### HOURS OF OPERATION – All Locations

**Monday** 8:00 a.m.-12:00 p.m., 1:00 p.m.-7:00 p.m.  
**Tue - Thurs** 8:00 a.m.-12:00 p.m., 1:00 p.m.-5:00 p.m.  
**Friday** 8:00 a.m.-2:00 p.m.

### DENTAL HOURS – SHOPPERS WAY

Same as clinical

After hours on call nursing service is available by calling our main clinic number (912 275-8028).

### SERVICES WE OFFER

Primary Health Care to All Ages Preventative & Acute Care	Chronic Illness Management (Hypertension, Diabetes)
Family Planning, Contraceptives, STD Testing	Immunizations and routine testing
Vision Exams	Dental Services

**TRANSLATION SERVICES** We provide face-to-face or telephone interpretation services in over 20 languages at our clinic.

### DO I HAVE TO BE LOW INCOME TO BE A PATIENT HERE ?

No. We accept insured and uninsured patients without regard to income, race, religion or ability to pay.

### HOW DO I QUALIFY FOR SLIDING FEE SCALE?

Thanks to federal funds awarded to CCHS, we are able to offer services at a reduced cost through the **sliding fee discount program**. In order to qualify for this program, patients must meet eligibility guidelines based upon income and the number of people living within the household. Anyone interested in applying for the sliding fee discount program **MUST** provide proof of income. Minimal nominal fee is \$20 for medical and \$45 for dental visits. Standard labs start at \$10. Some procedures, services and labs are not subject to discount.

CCHS will not refuse any patient because of their inability to pay. **Payment plans** are available and must be requested by patient. Payment is due and payable at the time of the visit. Patients can also apply for temporary fee waiver due to their financial status.

For those patients with insurance your payment will depend on your insurance benefits. If a patient with insurance feels they cannot afford their co-payment or co-insurance, our Patient Financial Assistant will go over their income and household size to determine if they qualify for sliding fee discount.

### PATIENTS BILL OF RIGHTS

Coastal Community Health Services (“CCHS”) is committed to providing high quality care that is fair,

responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services.

We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers.

We strongly urge anyone with questions or concerns regarding our “Bill of Rights and Responsibilities” to contact Cheryl Ehrreich who will be happy to assist you.

### EVERY PATIENT HAS A RIGHT TO:

1. Receive high quality care based on professional standards of practice, regardless of his or her (or his or her family’s) ability to pay for such services.
2. Obtain services without discrimination based on race, ethnicity, national origin, sex, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.
3. Be treated with courtesy, consideration and respect by all CCHS staff, at all times and under all circumstances, and in a manner that respects his or her dignity and privacy.
4. Be informed of the CCHS’s Privacy Policies and Procedures, as the policies relate to individually identifiable health information.
5. Expect that CCHS will keep all medical records confidential and will release such information only with his or her

- written authorization, in response to court order or subpoenas, or as otherwise permitted or required by law.
6. Access, review and/or copy his or her medical records, upon request, at a mutually designated time (or, as appropriate, have a legal custodian access, review and/or copy such records), and request amendment to such records.
  7. Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.
  8. Request a different health care provider if he or she is dissatisfied with the person assigned to him or her by CCHS. The CCHS staff will use best efforts, but cannot guarantee, that re-assignment requests will be accommodated.
  9. Receive a complete, accurate, easily understood, and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives (including no treatment), and associated risks/benefits.
  10. Receive information regarding the availability of support services, including translation, transportation and education services.
  11. Receive sufficient information to participate fully in decisions related to his or her health care and to provide informed consent prior to any diagnostic or therapeutic procedure (except in emergencies). If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
  12. Ask questions (at any time before, during or after receiving services) regarding any diagnosis, treatment, prognosis and/or planned course of treatment, alternatives and risks, and receive understandable and clear answers to such questions.
  13. Refuse any treatment (except as prohibited by law), be informed of the alternatives and/or consequences of refusing treatment, which may include CCHS having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.
  14. Obtain another medical opinion prior to any procedure.
  15. Be informed if any treatment is for purposes of research or is experimental in nature and be given the opportunity to provide his or her informed consent before such research or experiment will begin (unless such consent is otherwise waived).
  16. Develop advance directives and be assured that all health care providers will comply with those directives in accordance with law.
  17. Designate a surrogate to make health care decision if he or she is or becomes incapacitated.
  18. Ask for and receive information regarding his or her financial responsibility for the services.
  19. Receive an itemized copy of the bill for his or her services, an explanation of charges, and description of the services that will be charged to his/her insurance.
  20. Request any additional assistance necessary to understand and/or comply with CCHS's administrative procedures and rules, access health care and related services, participate in treatments, or satisfy payment obligations by contacting Cheryl Ehrreich
  21. File a grievance or complaint about CCHS or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. The complaint can be filed with the GA Composite Medical Board at 2 Peachtree St NW, Atlanta, GA 30303. They can be reached at 404-656-3913.

**PATIENT RESPONSIBILITIES:**

1. Providing accurate personal, financial, insurance, and medical information (including all current treatments and medications) prior to receiving services from CCHS and its health care providers.
2. Following all administrative and operational rules and procedures posted within the CCHS facility(s).
3. Behaving at all times in a polite, courteous, considerate and respectful manner to all CCHS staff and patients, including respecting the privacy and dignity of other patients.
4. Supervising his or her children while in the CCHS facility(s).
5. Refraining from abusive, harmful, threatening, or rude conduct towards other patients and/or the CCHS staff.

6. Not carrying any type of weapons or explosives into CCHS facility(s).
7. Keeping all scheduled appointments and arriving on time.
8. Notifying CCHS no later than 24 hours (or as soon as possible within 24 hours) before the time of an appointment that he/she cannot keep the appointment as scheduled. Failure to follow this policy may result in being charged for the visit and/or being placed on a waiting list for the next visit.
9. Participating in and following the treatment plan recommended by his or her health care providers, to the extent he or she is able, and working with providers to achieve desired health outcomes.
10. Asking questions if he or she does not understand the explanation of (or information regarding) his or her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him or her regarding services.
11. Providing an explanation to his or her health care providers if refusing to (or unable to) participate in treatment, to the extent he or she is able, and clearly communicating wants and needs.
12. Informing his or her health care providers of any changes or reactions to medication and/or treatment.
13. Familiarizing himself or herself with his or her health benefits and any exclusions, deductibles, co-payments, and treatment costs.

14. As applicable, making a good faith effort to meet financial obligations, including promptly paying for services provided.
15. Advising CCHS of any concerns, problems, or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.
16. Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of CCHS (including being aware of CCHS's obligation to treat all patients in an efficient and equitable manner).

#### EXPLANATION OF YOUR HEALTH RECORD

Coastal Community Health Services, Inc. understands your privacy is important.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

#### **PLEASE REVIEW CAREFULLY.**

Each time you come to the clinic a record of your visit is made. The records will contain your symptoms, examination, procedures and test results, diagnoses, treatment, and a plan for future care or treatment. This information referred to as your medical record serves as a:

1. Basis for planning your care and treatment

2. Means of communication among health professionals who contribute to your care
3. Legal document describing the care you received
4. A tool in educating health professionals
5. A source of data for medical research
6. A source of information for public health officials charged with improving the health of the nation
7. A source of data for facility planning and marketing
8. A tool with which the clinic can assess and continually work to improve the care we render and the outcome we achieve.

Understanding what your record contains and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

#### YOUR HEALTH INFORMATION RIGHTS

Your medical record is the physical property of Coastal Community Health Services. However, the information belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your information as provided by Federal Regulations 45 CFR 164 522
2. Obtain a paper copy of the Notice of Privacy Practices upon request

3. Inspect and receive a copy your health record as provided for in 45 CFR I 64.524.

4. Request to amend your health record as provided in 45 CFR 164.528

5. Obtain an accounting of disclosures of your health information at any time upon giving written notice as provided in 45 CFR 164.528

6. Request communication of your health information by alternative means or alternative locations

7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken

#### HEALTH CARE PROVIDER RESPONSIBILITIES

The clinic is required to:

- Maintain the privacy of your health information
- Provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations

The clinic reserves the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will provide you an update at your next clinic visit.

The clinic will not use or disclose your health information without your authorization, except as describe in this notice.

If you have any questions about your information privacy and would like additional information, you may contact the clinic at 912-275-8028.

If you believe your privacy rights have been violated, you can file a complaint with the office manager. If you wish, you can also file a complaint with:

Secretary  
U.S. Dept. of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775

#### PATIENT CONCERNS OR SUGGESTIONS FOR IMPROVEMENTS

Coastal Community Health Services (CCHS) employees and Board of Directors are committed to providing the highest-quality healthcare available. We want you to be satisfied with the services you receive. 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 or the Site Coordinator, call or mail the clinic with your grievance or fill out a Grievance/Complaint form; which you can get from any CCHS staff member. Because most complaints involve information protected by privacy laws, e-mail is not an appropriate method for submitting a complaint. Please understand that every effort will be made to maintain the confidentiality of the information you share in your complaint.

Within seven (7) days from the date of receipt of your complaint, the Site Coordinator will provide a verbal or a written response to you. If you feel the Site Coordinator does not satisfactorily resolve your concerns, the Executive

Director will review the complaint and provide you with a response. The Executive Director will document the concerns and resolution and provide the Board of Directors with a report.

You will not be subject to negative action due to your formal or informal complaint.

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