Non-Discrimination Policy

POLICY: NEW Health Programs Association (NEW Health) is dedicated to providing services to patients and visitors in a welcoming manner that respects, protects, and promotes patient rights.

PURPOSE: To ensure that all patients and visitors of NEW Health are treated with equality, in a welcoming, nondiscriminatory manner, consistent with applicable federal and state law.

PROCEDURE:

Nondiscrimination: NEW Health provides equal access to its facilities and services irrespective of age, race, culture, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, status as a victim of domestic violence or any other basis prohibited by federal, state or local law ("Protected Class").

Equal access includes physical accommodations for disabled persons, nondiscriminatory delivery of benefits, and reasonable aid in accessing electronic health programs.

Provision of Services: NEW Health will determine eligibility for and provide services, financial aid, and other benefits to all patients in a similar manner, without subjecting any individual to separate or different treatment on the basis of their status in a Protected Class.

Reasonable Accommodations: NEW Health staff will inform patients of the availability of and make reasonable accommodations for patients consistent with federal and state requirements.

NEW Health will provide free aids and services to patients and visitors in order for them to communicate effectively with us, such as:

- *Qualified sign language interpreters*
- *Written information in other formats*
- *Language services to people whose primary language is not English*

Complaints: Any person who believes that they or another person have been subjected to discrimination may file a complaint using NEW Health's Grievance Procedure, which will provide prompt and equitable resolutions of grievances.

Any NEW Health staff member who receives a complaint or grievance will advise the complaining individual that they may report the problem per the Grievance Procedure and file a complaint without fear of retaliation. NEW Health staff are prohibited from retaliating against any person who opposes, complains about, or reports discrimination, files a complaint, or cooperates in an investigation of discrimination or other proceedings under federal, state, or local anti-discrimination law.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, or by mail or phone.

Notice: NEW Health will provide notices to patients regarding this Nondiscrimination Procedure and NEW Health's commitment to providing access to and the provision of services in a welcome nondiscriminatory manner pursuant.

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NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.
This notice describes NEW Health's privacy practices and how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records regarding your care, whether made by our health care professionals or others working in this office and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We may use and disclose your personal health information for these purposes:
- For Treatment
- For Payment
- For Health Care Operations

We may use and disclose your protected health information without your authorization as follows:
- With Medical Researchers: If the research has been approved and has policies to protect the privacy of your health information. We may also share the information with medical researchers preparing to conduct a research project.
- To Organ and Tissue Donation Organizations: If you are an organ donor, we may disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- As Required by Law: We will disclose health information about you when required to do so by federal, state or local law
- To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.
- To the Military Authorities of U.S. and Foreign Military Personnel: If you are member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs, as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.
- To Workers Compensation: We may disclose health information about you that pertains to a worker's compensation claim.
- For Public Health and Safety Purposes
- For Health and Safety Oversight Activities: We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- In the Course of Judicial/Administrative Proceedings at the request, or directed by, a subpoena or court order.
- For Law Enforcement Purposes
- To Coroners, Health Examiners and Funeral Director as may be necessary for them to carry out their duties.
- For Specialized Government Functions to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law and to provide protection to the President, other authorized persons or feign heads of state or conduct special investigations.
- To Correction Institutions as would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- Other Uses and Disclosures of Your Protected Health Information
- Uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization.

Your Health Information Rights

The health and billing records we create and store are the property of NEW Health. The protected health information in it, however, generally belongs to you.
You have the right to:
- Receive a paper copy of the most current NEW Health Notice of Privacy Practices for Protected Health Information.
- Request to inspect and receive a paper or electronic copy of your protected health information. This request must be submitted in writing. We have a record release form available for this type of request. We will transmit your PHI in electronic format to a person or entity designated by you. We may impose a fee for access to Electronic Health Records but that fee will be limited to our labor costs in responding to your request.
- Ask us to amend your health information if you feel that the health information we maintain about you is incorrect. This request must be in writing. We have an amendment form available for this type of request. The completed amendment request will be filed in your health record.
- Receive an accounting of all disclosures of your health information that we have made. This request must be submitted in writing and state time period, which may not exceed six years. You may receive this information without charge once every 12 months; we will notify you of the cost involved if you request this information more than once in 12 months.
- Request a restriction or limitation on the health information we use or disclose about you for treatment, payment and health care operation.
- Receive confidential communications by submitting a request in writing asking that your health information provided to you by another means or at another location.

Need Additional Information or Have Questions?
If you have questions, want more information, or want to report a problem about the handling of your protected health information, please ask the front desk for a full copy of the Notice of Privacy Practices or contact NEW Health Privacy Officer at P.O. Box 808 Chewelah, WA 99109, Phone: 509.935.6001

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Patient Rights

Communication

- To know the names and qualifications of the health care professionals caring for you.
- To receive information in a way you understand.
- To voice concerns in a verbal or written format, without fear of discrimination or reprisal, and to have those complaints reviewed and resolved in a time manner when possible.

Treatment

- Have reasonable access to health care services without fear of discrimination
- Receive care in a safe setting free from abuse or harassment
- Be treated with dignity, respect and compassion
- Be involved in all aspects of your care including:
- Refusing care and treatment;
- Resolving problems with care decisions;
- Be informed of unanticipated outcomes;
- Be informed and agree to your care; and
- Have family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.
- Receive written information on advanced directives and choose a person to make health care decisions for you if you are unable to do so.

Medical Records

- Have your medical record and information regarding your health care treated privately and confidentially in accordance with state and federal law
- To access information contained in your medical record and receive, on request and at a fee established by NEW Health procedure, a copy of your medical record, except as limited by law
- Review your medical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.

Billing Information

- To receive an explanation of your bill, regardless of the source of payment.

Patient Responsibilities

Communication

- Provide complete and accurate information, including demographic information, health history, current health status, and any changes in your symptoms and health condition.
- Treat NEW Health staff and other patients in a considerate and respectful manner. Please Note: Making harassing, offensive or intimidating statements, or threats of violence may result in your removal from the practice.
- Keep appointments, be on time for appointments, and notify NEW Health prior to your appointment when unable to do so.
- Voice your concerns regarding any part of the care you receive at NEW Health.

Treatment

- Actively participate in in decisions involving your own health and accept the consequences of those decisions.
- Let NEW Health staff know if you do not understand your treatment plan, what is expected of you, or if you believe you cannot follow through with the treatment plan.
- Follow the treatment plan agreed upon with your provider.

Payment

- Pay any bills and fees for the health care services provided to you, if possible, by providing current insurance information or by paying directly. NEW Health offers a sliding fee discount program that may reduce the cost of care. Understand and agree that if the account becomes delinquent and is referred to an outside collection agency or attorney, patient will be responsible for all costs of collection. This includes an additional collection fee of 35% of the total unpaid balance.

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