



GREAT PLAINS YOUTH & FAMILY SERVICES, INC.

901 S. BROADWAY
HOBART, OKLAHOMA 73651

580.726.3383
FAX: 580.726.3384

WWW.GPYFS.ORG

Client Rights

Your concerns will be addressed within three business days of contact with this agency. If you feel the need to file a grievance, the Director of Quality Improvement will provide you with full instructions (written and verbal) to complete the process. We appreciate your input.

All clients receiving outpatient behavioral health services from the Great Plains Youth & Family Services, Inc. shall enjoy all constitutional and statutory rights of all citizens of the state of Oklahoma and the United States of America, except those lost through due process by a court of law. In addition to the above rights, all persons shall have the rights guaranteed by the Mental Health and Drug or Alcohol Abuse Services Consumer Bill of Rights, unless an exception is specifically authorized by these standards or an order of a court of competent jurisdiction.

Each client served can expect:

- To retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- To receive services suited to his or her condition in a safe, sanitary, and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.
- To not be neglected or to be sexually, physically, verbally, or otherwise abused.
- To be provided with prompt, competent, and appropriate treatment and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refusal to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law.

Additionally, each consumer shall have the right to the following:

- Allow other individuals of the consumer's choice to participate in the consumer's treatment and with the consumer's consent.
- To be free from unnecessary, inappropriate, or excessive treatment.
- To participate in consumer's own treatment planning.
- To receive treatment for co-occurring disorders if present.
- To not be subject to unnecessary, inappropriate, or unsafe termination from treatment.
- To not be discharged for displaying symptoms of the consumer's disorder.
- To not be humiliated during treatment.
- Every consumer's record shall be treated in a confidential manner.
- No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense, or a right to an internal consultation upon request at no expense.
- No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

Client Concerns: If you have concerns that any of the above rights may have been violated or you have not received the appropriate services, you may write to:

Kody Suanny
Executive Director
Great Plains Youth & Family Services, Inc.
901 S. Broadway St.
Hobart, OK 73651

You may also email the Executive Director at kody@gpyfs.org or call (580) 726-3383.



**Synopsis of Mental Health and Drug or Alcohol Abuse Services
Consumer Bill of Rights**

Per OAC 450:15-3-27

Full Bill of Rights (OAC 450:15-3-6 through 405:15-3-25) available upon request

(c) Programs providing treatment or services without the physical custody or where consumers do not remain for round-the-clock support or care, or where the facility does not have immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.
- (3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- (4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
 - (A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
 - (B) To be free from unnecessary, inappropriate, or excessive treatment;
 - (C) To participate in consumer's own treatment planning;
 - (D) To receive treatment for co-occurring disorders if present;
 - (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
 - (F) To not be discharged for displaying symptoms of the consumer's disorder.
- (5) Every consumer's record shall be treated in a confidential manner.
- (6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- (7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- (8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- (9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

At any time you may call: ODMHSAS Consumer Advocacy
1-866-699-6605
(405) 521-4256

ODMHSAS Office of Inspector General
1-877-426-4058
(405) 522-4058



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Code of Ethics to Customers

Commitment to Clients

GPYFS staff's primary responsibility is to promote the well being of clients. GPYFS staff will respect and promote the right of clients to self-determination and assist clients in their effort to identify and clarify their goals for treatment.

Informed Consent

GPYFS staff should provide services to clients only in the context of a professional relationship based on valid informed consent. GPYFS staff should use clear and understandable language.

Competence

GPYFS staff should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

Cultural Competence and Social Diversity

GPYFS staff should understand culture and its function in human behavior and society by recognizing the strengths that exist in all cultures. They should have a knowledge base of client's culture and seek education as necessary.

Conflicts of Interest

GPYFS staff should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests. GPYFS staff will not solicit you for any services.

GPYFS staff should not engage in dual or multiple relationships with clients or former clients. (Dual or multiple relationships occur when staff relates to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

Sexual Relationships/Physical Contact/Sexual Harassment

GPYFS staff should under no circumstances engage in sexual activities or sexual contact with current or past clients, whether such contact is consensual or forced.

GPYFS staff should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients).

GPYFS staff should not sexually harass clients.

***** Abridged version

If you would like to see the agency's full Code of Ethics, please request a copy from any staff member and it will be provided to you.



Client Grievance Information

Great Plains Youth & Family Services, Inc. (GPYFS) is committed to the delivery of quality services that are designed to meet the needs of each client/family. There may be times, however, in any service relationship when a client may be dissatisfied with:

- The care, treatment or other services received from GPYFS, or**
- The continuation or termination of services, or**
- The involuntary discharge from services, or**
- Other aspects of services.**

It is important that such matters be resolved before serious problems develop. GPYFS encourages all clients/families to feel free to discuss any problems as quickly as possible with the assigned staff member; however, should the client feel that his/her assigned staff is not the appropriate person to approach regarding this problem, or the client believes that the staff member has been included in such a discussion but has not helped resolve the problem, the following procedures should be followed:

1. In the event that a client desire to file a complaint against a GPYFS employee and/or program in response to services received, the client may state the nature of his/her complaint in writing on a form which will be made available upon request.
2. Upon completing a written account of a client's complaint, a response will be made, based upon the nature of the complaint, by the employee's supervisor, or the GPYFS Local Advocate and/or his/her designee, either in person, by phone, or in writing within a period not to exceed 10 working days.
3. If the grievance is not satisfactorily resolved by GPYFS, or if the client is not in agreement with the indicated resolution, the client has the option to notify the referring agent who referred them to GPYFS. The referring agent will/can serve to mediate the grievance and will activate their respective procedure toward resolution of the problem.
4. In all grievance proceedings by GPYFS, all facts will be considered as presented by all parties involved in the grievance and the laws, statutes, and policies and procedures which affect the grievance will be applied.
5. If, at any time, a client is not satisfied with the agency grievance procedure(s) or if there are any complaints regarding violations of licensure, please contact:

GPYFS Local Advocate
901 S. Broadway
Hobart, OK 73651

GPYFS Grievance Coordinator
901 S. Broadway
Hobart, OK 73651

GPYFS Grievance Decision Maker
901 S. Broadway
Hobart, OK 73651

Advocacy Division, ODMHSAS
2401 NW 23rd St, Suite 82
Oklahoma City, OK 73107
(866) 699-6605

Oklahoma State Department of Health
1000 NE 10th S
Oklahoma City, Oklahoma 73117-1299
(405) 271-6030

Grievance Coordinator, Office of the Advocate Defender
Oklahoma Department of Human Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125
(405) 521-3491

Oklahoma Health Care Authority
Grievance Docket Clerk, Legal Division
P.O. Box 18497
Oklahoma City, OK 73154-0497
(405) 522-7217
(405) 530-3455 (fax)

Grievance Coordinator, Office of the Advocate General
Office of Juvenile Affairs
P.O. Box 268812
Oklahoma City, Oklahoma 73126-8812
(405) 530-2821



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Confidentiality and Exceptions to Confidentiality Including Data Collection and Research

Great Plains Youth & Family Services, Inc. (GPYFS) shall meet the requirements of all applicable state and federal laws, rules, and regulations. Public law 99-401 amends the federal confidentiality laws to require that cases involving suspected, actual, or imminent harm to children must be reported to child protection agencies and therefore are not covered by confidentiality requirements. This applies only to initial reports of child abuse or neglect and not to requests for additional information or records. Court orders are still required before records may be used to initiate or substantiate any criminal charge or to conduct any investigation of a patient. Client records are considered confidential and will not be released to other individuals or agencies without your expressed written consent, except upon receipt of a legitimate subpoena, in the event of a valid medical emergency, to meet the requirements of state law that child/elderly abuse to reported, or in the event you present a danger to yourself or to others.

Oklahoma State Law (43A O.S. § 1-109) provides that a consumer of a physician, psychotherapist, mental health facility, drug or alcohol abuse treatment facility or service, or other agencies for the purpose of mental health or drug or alcohol abuse care and treatment shall be entitled to personal access to his or her mental health or drug or alcohol abuse treatment information, except the following:

1. Information contained in notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session, and that is separated from the rest of the patient's medical record;
2. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding;
3. Information that is otherwise privileged or prohibited from disclosure by law;
4. Information the person in charge of the care and treatment of the patient determines to be reasonably likely to endanger the life or physical safety of the patient or another person;
5. Information created or obtained as part of research that includes treatment; provided, the patient consented to the temporary suspension of access while the research is ongoing. The patient's right of access shall resume upon completion of the research;
6. Information requested by an inmate that a correctional institution has determined may jeopardize the health, safety, security, custody or rehabilitation of the inmate or other person; and
7. Information obtained under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Oklahoma State Law (43A O.S. § 1-109) provides that all mental health and drug or alcohol abuse treatment information, whether or not recorded, and all communications between a physician or licensed mental health professional as defined in Section 1-103 of this title, or licensed alcohol and drug counselor as defined in Section 1871 of Title 59 of the Oklahoma Statutes, and a consumer are both privileged and confidential. In addition, the identity of all persons who have received or are receiving mental health or drug or alcohol abuse treatment services shall be considered confidential and privileged.

Federal regulations (42 CFR Part 2) prohibit making any further disclosure of information unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A GENERAL AUTHORIZATION FOR RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. The federal rules restrict any use of the information to criminally investigate or prosecute an alcohol/drug abuse patient.

Since part of the cost of your treatment may be paid by federal, state or local sources, those sources have the right to review client files to verify that these services have been delivered appropriately. This review is done for accounting or evaluative purposes only, with no files or clinical information removed from this agency. Others having review access to your file are agency staff, consultants, and accountants.

As a result of participation, occasional guest speakers, outings, or field trips may be scheduled. Under these circumstances confidentiality is limited to the extent that community resource workers recognize the client as a participant in the program of GPYFS.

GPYFS collects data on all clients who are served by our program. As a component of its contracts with the State of Oklahoma, GPYFS must enter client names, information and statistical data into online databases. This system is specifically designed to protect the safety and confidentiality of client data, so that no unauthorized participating agency can gain access to confidential client information regarding services that clients and their families receive from or through GPYFS.

GPYFS routinely participates in a variety of research and evaluation projects by providing anonymous data we collect about the clients we serve. At no time will clients be identified by name or implication as part of such anonymous reporting of data.



HIPPA Notice of Privacy Practices

Effective Date: September 23, 2013

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.

If you have any questions about this notice, please contact:

Privacy Officer: Kody Suanny
Phone Number: (580) 726-3383
E-Mail: kody@gpyfs.org

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information").

Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services: We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research: Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process.

Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.



SPECIAL SITUATIONS:

As Required by Law: We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Oklahoma Department of Mental Health: The ODMHSAS Office of Consumer Advocacy and the ODMHSAS Office of the Inspector General, in any investigation or monitoring shall have access to consumer, facility or program records and staff.

Organ and Tissue Donation: If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation: We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose Health Information 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.

Data Breach Notification Purposes: We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.



National Security and Intelligence Activities: We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Health Information Exchange: In our continuing efforts to provide you with the best medical care possible, we have partnered with MyHealth Access Network. This partnership provides us with a more comprehensive, community wide view of your health history & treatment plans, and better allows us to tailor our care to meet your individual needs. If you have any questions, please speak with Kody Suanny, or visit www.myhealthaccess.net for more information.

Disaster Relief: We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS

You have the following rights regarding Health Information we have about you.

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to our Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.



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Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to our Privacy Officer.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our Privacy Officer.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to our Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to our Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please write to:

Kody Suanny
Executive Director
Great Plains Youth & Family Services, Inc.
901 S. Broadway
Hobart, OK 73651
Or you may phone: (580) 726-3383

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, www.acog.org, or call (202) 863-2584.



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Consent to Treat

Consent extended to Great Plains Youth & Family Services, Inc. (Agency).

I/We (Parent, legal guardian if applicable) authorize the Agency to administer treatment to me/my child and to continue such treatment as deemed necessary.

I/We hereby authorize medical, psychiatric, psychological, diagnosis, or treatment by any physician, therapist, and/or qualified mental health provider authorized by the Agency. I/We understand that this consent is given before any specific diagnosis or treatment is required, but is given to authorize the Agency to exercise their judgment in providing treatment.

I/We agree to be actively involved in the treatment plan as prescribed by the Agency treatment team while I/We receive treatment. I/We understand that included in this treatment plan would be my/our involvement in regular family, individual, group therapy, and case management sessions.

No guarantees have been given by anyone as to the results that may be obtained.

I/We consent to being contacted after discharge for the purpose of obtaining information in efforts to improve the quality of care (e.g., client satisfaction surveys, etc.). At any time, I/We have the right to decline contact after discharge. Treatment does not depend on my/our agreement to participate in contact after discharge.

THIS CONSENT SHALL REMAIN IN EFFECT COMMENCING ON THE DATE OF ADMISSION UNTIL THE CLIENT HAS BEEN DISCHARGED AND FOR THE PURPOSES OF FOLLOW UP, UNLESS REVOKED IN WRITING AND DELIVERED TO THE AGENCY.