



**One Community Health**  
*Healthy Together.*

# Patient Notices & Policies



## **Public Notice Regarding Liability Protection**

The Health Resources and Services Administration (HRSA) considers One Community Health and its officers, governing board members, full- and part-time employees, providers, and contractors to be Federal Public Health Service employees. As such, the covered individuals are granted liability protection under the Federal Tort Claims Act (FTCA). With this coverage, any limits that may be required by other entities are met.



## **NOTICE OF PRIVACY PRACTICES**

**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 One Community Health's Privacy Officer at 833-969-2549.

**One Community Health does not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual for the exercise by the individual of any right established, or for participation in any process provided for, by the Privacy Rule, HIPAA, ONC's Cures Act, CMIA, and any other applicable federal or state law.**

### **Our Pledge Regarding Medical Information**

We understand that information about you and your health is personal. We are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at One Community Health, and we may receive such records from others. We use these records to provide you with quality medical care and to comply with certain other legal requirements. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights, and certain obligations we have regarding the use and disclosure of your information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

### **Who Will Follow This Notice**

This Notice describes One Community Health's practices and those of:

- any health care professional authorized to enter information into your medical chart;
- One Community Health Pharmacy, and;
- All employees, contractors, volunteers, staff, and other One Community Health personnel.

### **How One Community Health May Use or Disclose Your Health Information**

The following categories describe the different ways that we may lawfully use and disclose medical information. The examples are not provided as an all-inclusive list of the ways your health information may be used. They are provided to describe, in general, the types of uses and disclosures that may be made.

1. For Treatment. We may use medical and social services information about you to provide you with comprehensive medical, dental, pharmacy, and social services. For example, we may disclose health information about you to One Community Health doctors, nurses, technicians,

case workers, and other One Community Health employees who are involved in providing the care you need. We might also share your protected health information with a non-One Community Health provider or entity in order to provide or coordinate non-One Community Health Services, such as ordering outside lab work or an x-ray.

2. For Payment. We may use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also contact a health plan or third-party payor about a treatment or service you are going to receive to obtain prior approval or to determine what your plan may cover.
3. For Health Care Operations. We may use and disclose protected health information about you to operate this clinic. These uses and disclosures are necessary to run One Community Health and ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the staff caring for you. We may also combine information about many clinic patients to make operational decisions, for example, to determine what additional services the clinic should offer, or if a certain treatment is effective. We may also disclose information

to our staff for learning and review purposes. We may also compare the information we have with other clinics or organizations to compare how we are doing and to make improvements in the services and care we offer. We may remove information that identifies you from these sets of medical information so that others may use it without learning who the specific patient is.

We may also share your protected health information with a third-party "business associate" that is assisting us with clinic operations. For example, we might share protected health information with a billing service performing administrative services, or with an information technology firm assisting us with our electronic medical record maintenance. Information might also be disclosed to a third party for the purposes of encrypting, encoding, or otherwise anonymizing the data. We have a written contract with each of these business associates requiring them to protect the confidentiality of your protected health information.

4. For Health-related Benefits and Alternative Services. We may use and disclose medical information to tell you about health-related services, benefits, or programs that might benefit you. We may also disclose medical information to tell you about or recommend possible treatment options or alternatives.

5. To Individuals Involved in Your Care. We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, in the event of a disaster, we may disclose information about you to an entity assisting in a disaster relief effort. California law requires that only basic information such as your name, city of residence, age, sex, and general condition be provided in response to a disaster welfare inquiry.

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

6. As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law. For example, in some circumstances the law may require your physician to report instances of abuse, violence, or neglect.
7. To Avert a Serious Threat to Health or Safety. We may use or disclose medical 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, however, would only be to someone able to help prevent or

lessen the threat.

8. For Research Purposes. In accordance with One Community Health's mission to improve the quality of care and services provided to those individuals living with HIV/AIDS, One Community Health participates in numerous research projects conducted by the University of California-Davis Health System, Division of Infectious Disease ("UC Davis"). All research projects conducted by UC Davis are reviewed and approved through a special review process to protect patient safety, welfare, and confidentiality. Your medical information may be important to research efforts and the development of new knowledge. We may use and disclose medical information for this purpose. On occasion, UC Davis researchers, or one of your health care providers, may contact you about participating in a particular study. Your enrollment in any study is completely voluntary and enrollment can only occur if you have had the opportunity to ask questions, understand the study, and indicate your willingness to participate by signing a consent form. Other studies may be performed using information about your treatment without requiring informed consent. For example, a research study may involve comparing the health of patients who receive one medication to those patients on another treatment regimen.

## Special Situations

9. Public Health Risks. We may disclose information about you for public health purposes. These purposes generally include the following:
  - a. preventing or controlling diseases (such as cancer and tuberculosis), injury, or disability;
  - b. reporting vital events such as births and deaths;
  - c. reporting child abuse or neglect;
  - d. reporting adverse events or reactions related to foods, drugs, or products;
  - e. notifying persons of recalls, repairs, or replacements of products they may be using;
  - f. notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
  - g. notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, and make this disclosure as required or authorized by law.
10. Health Oversight Activities. We may disclose medical information to governmental, licensing, auditing, and accrediting agencies for activities authorized by federal and California law.
11. Lawsuits and Other Legal Actions. In connection with lawsuits or other legal proceedings, we may disclose information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful proceeding.
12. Law Enforcement. We may, when required by law, disclose your health information to a law enforcement official when complying with a court order, warrant, grand jury subpoena, and for other law enforcement purposes.
13. Coroners, Medical Examiners, and Funeral Directors. We may, and are often required by law, to disclose your health information to coroners, medical examiners, and/or funeral directors in order to assist these professionals with their investigation of death or to enable them to carry out their professional duties.
14. Organ and Tissue Donation. We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues. You may request, in writing, a restriction on how much information we share when responding to requests about the appropriateness of procuring, banking, or transplanting organs and tissue. Since HIV usually represents a reason not to do these activities, you may ask us in writing to simply say it is not medically appropriate without

providing more information about the reasons why it is not appropriate.

15. Military, National Security, and Intelligence Activities. As required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also release medical information about you to federal officials so they may provide protection to the President, other authorized persons, or foreign heads of states. Also, if you are or were a member of the armed forces, we may release information about you to military command authorities if the law so requires.

16. Inmates. If you are an inmate of a correctional institution, or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or to a law enforcement official. This release would be necessary:

- a. for the institution to provide you with health care;
- b. to protect your health and safety or the safety of others; or
- c. for the safety and security of the correctional institution.

17. Worker's Compensation. We may disclose your health information as necessary to comply with Worker's Compensation laws.

These programs provide benefits for work-related injuries or illnesses. For example, to the extent your care is covered by Workers' Compensation, we will make periodic reports to your employer about your condition. If required by law, we may report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

18. Outreach and Fundraising Activities. We will not use or disclose your personal medical information in any of our outreach or fundraising activities. However, we may use aggregate demographic data for such activities. For example, we might create a brochure to hand out at events that lists the number of One Community Health patients and provides basic demographic information about our patients in aggregate. We may also send out fundraising information to individuals who have made donations in the past, or future and past patients. If you want to exclude your personal information from being used in this way, notify the Privacy Officer at the telephone number listed at the top of this Notice.

### **We Never Sell Your Information**

19. Marketing and sales. We will never use your information for marketing purposes without first obtaining your express written consent.



## Your Rights Regarding Medical Information about You

1. Right to Inspect and Copy. With certain exceptions, you have the right to inspect and copy your health information that may be used to make decisions about your care. To access your protected health information, you must submit a request, in writing, to:

Health Information Management  
One Community Health  
1500 21<sup>st</sup> St.  
Sacramento, CA 95811

If you request a copy of this information we will provide it to you within 15 days, and we may charge you a reasonable fee. If there are any circumstances which prevent us from fulfilling your request within 15 days, we will notify you of the delay.

We may deny your request under limited circumstances. If we deny your request to access your records, you have the right to appeal our decision. If we deny your request to access your psychotherapy notes, you have the right to have them transferred to another health professional.

If your written request clearly, conspicuously, and specifically asks us to send an electronic copy of your medical record to you or another person or entity, and we do not deny the request, as discussed below, we will send a copy of the electronic record as you requested, and will charge

you no more than what it costs us to respond to your request.

2. Right to Amend or Supplement. If you feel that the medical information that we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum. You have the right to seek an amendment or addendum for as long as the information is kept by One Community Health.

To request an amendment or addendum a request must be made, in writing, and submitted to:

Health Information Management  
One Community Health  
1500 21<sup>st</sup> St.  
Sacramento, CA 95811

In addition, you must provide a reason that supports your request.

An addendum may not be more than 250 words per alleged incomplete or incorrect item in your record.

We may deny your request if it is not in writing, or if the reason for the request is improper. If we deny your request we will explain why, in writing, within sixty (60) days.

3. Right to an Accounting of Disclosures. You have a right to receive an "accounting of disclosures." The accounting is a list of the disclosures of your medical information we have

made in the last six years that were for purposes other than treatment, payment, or health care operations, and certain other purposes. To request an accounting of disclosures, you must submit your request, in writing to:

Compliance Department  
One Community Health  
1500 21<sup>st</sup> St.  
Sacramento, CA 95811

Your request should also indicate in what form you want the list (for example, on paper or electronically). The first request within a 12-month period will be free. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost and you may choose to withdraw or modify your request.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific medication you are taking.

To request restrictions, you must make your request in writing to:

Health Information Management  
One Community Health  
1500 21<sup>st</sup> St.  
Sacramento, CA 95811

In your request, you must tell us:

- a. what information you want to limit;
- b. whether you want to limit our use, disclosure, or both; and
- c. to whom you want these limits to apply, for example, disclosures to your spouse.

In general, we are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, or we are compelled to disclose the information under the law. However, if you tell us not to disclose health information to your commercial health plan, and you pay for the services out-of-pocket and in full at the time of service, we are required by law to comply with your request.

5. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing to:

Health Information Management  
One Community Health  
1500 21<sup>st</sup> St.  
Sacramento, CA 95811

The request must specify how or where you wish to receive these communications. We must comply with your request if you inform us that not doing so will put you in danger.

6. Right to a Paper Copy of this Notice. You can exercise this right even if you have previously requested receipt of this Notice by e-mail.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact our Privacy Officer at the telephone number listed at the top of this Notice.

### **Breach Notification**

If, despite One Community Health's efforts to keep your private health information confidential, a breach of unsecured protected health information occurs, we will notify you as required by law. In some instances, our business associate may provide the notification. The law also requires us to report any breach of protected health information to both state and federal authorities.

### **The OCHIN Collaborative**

One Community Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org)

As a business associate of One Community Health, OCHIN supplies information technology and related services to One Community Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by One Community Health with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operation purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rule or any other applicable laws as amended from time to time. You may be entitled to an accounting of these disclosures as required by law.

### **Changes to This Notice of Privacy Practices**

We reserve the right to change One Community Health's privacy practices

and this Notice at any time. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area. We will also post the current notice on our website.

## **Complaints**

Complaints regarding our Notice of Privacy Practices, or how One Community Health handles your health information, should be directed to our Privacy Officer at the telephone number listed at the top of this Notice. You will not be penalized for filing a complaint.

If you are not satisfied with the manner in which One Community Health handles a complaint, you may submit a formal written complaint to:

Region IX  
Office of Civil Rights  
US Dept. of Health & Human Services  
90 7th Street, Suite 4-100  
San Francisco, California 94103  
(800) 368-1019 PHONE  
(800) 537-7697 TDD  
(202) 619-3818 FAX  
ocrmail@hhs.gov

To file a complaint online, visit  
[https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf)

***Effective date of this notice: 2013***  
***Last revised date: 3/01/2021***

## LIST OF PATIENT RIGHTS AND RESPONSIBILITIES IN THE STATE OF CALIFORNIA

In accordance with California laws, patients of One Community Health have the following Rights and Responsibilities:

### **Patient Rights**

One Community Health patients have the right to:

1. Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for your care.
2. Considerate and respectful care.
3. Knowledge of the name of the physician who has primary responsibility of coordinating your care and the names and professional relationships of other physicians who will see you.
4. Receive information from your physician about your illness and your prospects for recovery in terms that you can understand.
5. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
6. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.
7. Formulate advanced directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Practitioners who provide care, whether in the hospital setting or in our clinics, shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
8. Participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
9. Full consideration of privacy concerning your medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of the individual.
10. Confidential treatment of all communications and records pertaining to your care at One Community Health. You will receive a separate "Notice of Privacy Practices"

that explains your privacy rights in detail and how we may use and disclose your protected health information.

11. Leave the clinic/treatment even against the advice of your physician.
12. Reasonable continuity of care to know in advance the time and location of appointment, as well as the physician providing care.
13. Be advised if clinic/personal physician proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects.
14. Be informed by your physician or a delegate of your physician of your continuing healthcare requirements.
15. Examine and receive an explanation of your bill regardless of the source of payment.
16. Know which clinic rules and policies apply to your conduct as a patient.
17. Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
18. Access your medical file.
19. File a grievance or complaint by calling One Community Health Compliance Hotline (877) 316-0213 or in writing to:  

One Community Health Compliance Director  
1500 21<sup>st</sup> Street  
Sacramento, California 95811
20. File a complaint with the state Department of Health Services, regardless of whether you use One Community Health grievance process by calling (800) 554-0354 or writing to the department at:  

California Department of Public Health Services  
2000 Evergreen St., Suite 210  
Sacramento, CA 95815
21. Have all One Community Health personnel observe these rights.

### **Patient Responsibilities**

As a patient of One Community Health, you are responsible for:

1. Providing information concerning past and present illnesses, complaints, medications, and medical history to the best of your ability.
2. Report any unexpected changes in your condition to your provider.
3. Follow the treatment plan recommended by your providers. This includes responsibility for keeping your appointments and for notifying your provider if you are unable to do so.
4. Assuring that the financial obligations of your care are fulfilled promptly.
5. Following clinic rules and regulations concerning care and conduct.

## **APPOINTMENT CANCELLATION POLICY**

This form explains One Community Health appointment cancellation policy.

By signing this form, you:

- Understand the importance of keeping all scheduled appointments in order to maintain your overall health and continuity of care.
- Agree to make every effort possible to keep all your appointments with One Community Health.
- Agree to call One Community Health at least twenty-four (24) hours in advance to reschedule and or cancel any appointments.

If you need assistance with making or canceling an appointment, please call **916 443-3299**

One Community Health staff is committed to calling patients one day before scheduled appointments as a reminder. An anonymous message may be left on an answering machine if you are unavailable at the time of our call. This message will state that you have a medical appointment at the 21<sup>st</sup> Street clinic with the date and time of your appointment. If you have no phone or message machine you may not receive these reminder calls. If you choose you may call One Community Health to confirm your appointments.

## **PATIENT GRIEVANCE AND COMPLAINT POLICY**

It is the policy of One Community Health that services will be provided to all individuals who are eligible without discrimination on the basis of race, creed, color, age, sex, gender, sexual orientation, religion, ancestry, national origin, physical or mental handicap (including substance abuse), immigrant status, political affiliation, or belief.

As a patient of One Community Health, you have the right to file a grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in service delivery because of filing a grievance. All grievances will be addressed in a confidential manner.

If you have a complaint or concern, there are 4 things you can do:

- 1. Talk with your clinician, case manager, or their supervisor about your concerns.**  
This can be done in-person or by completing a Record of Communication form which is available at the Front Desk in both the clinic and social services departments.
- 2. Provide a complaint via One Community Health Compliance Line at 833-969-2549.**
- 3. File a formal written complaint on One Community Health Complaint Tracking Form.** These forms are available at the Front Desk and will be reviewed and followed by a One Community Health staff person who is responsible for investigating and resolving complaints on patients behaves.
- 4. If, after following these steps, you remain unsatisfied, you may contact in writing:**  
**Chief Executive Officer, One Community Health**  
**1500 21<sup>st</sup> Street**  
**Sacramento, CA 95811**



## CODE OF CONDUCT

One Community Health's goal is to provide safe environment for patients, visitors, and staff. One Community Health's standards of conduct require all patients, visitors and staff to treat each other with respect and comply with One Community Health policies regarding their behavior.

The following behavior at One Community Health is unacceptable and may result in the immediate and permanent disenrollment from all services:

1. Physical Assault: Direct physical contact with One Community Health staff and or patients with malicious intent to harm the individual.
2. Possession of weapons: Include but is not limited guns, rifles, knives, and explosive devices.
3. Forgery: Of medical documents including but not limited to prescriptions
4. Selling or gifting of prescribed medications or street drugs on One Community Health premises, or other drug seeking behavior; bringing illegal drugs, un-prescribed drugs, or alcohol into One Community Health.
5. Threats: Direct or indirect, specific verbal threats to cause physical harm to One Community Health patients, staff, visitors, or patient family members in the presence of One Community Health staff.
6. Theft of property: In possession of stolen property belonging to One Community Health patients, staff, visitors, or patient family members in the presence of One Community Health Staff.
7. Damage to property: To One Community Health patients, staff, visitors, or patient family members if intentionally inflicted and of a substantial nature.
8. Verbal assault: Abusive language to One Community Health patients, staff, visitors, or patient family members in the presence of One Community Health staff.
9. Intimidating behavior. On the part of patients regarding staff, other patients, or visitors on the One Community Health premises, threatening stance or posture, threatening tone of voice, threatening approach, and or other aggressive gestures constitutes intimidating behavior.
10. Sexual harassment: Verbal: Epithets, derogatory or sexually oriented comments, questions or noises, sexually explicit jokes, etc.  
Physical: Assault on an individual, unwanted touching, pinching, grabbing and poking.  
Visual: Displaying on One Community Health property derogatory posters, cartoons or drawings.  
Sexual Advances: Unwanted sexual advances.
11. Recording in clinic: Photography, audio recording or video recording of any kind is strictly prohibited on any One Community Health premises.

Repeated incidents or actions of abusive and threatening behavior by individuals may result in the termination of One Community Health services to a patient.

## FINANCIAL AGREEMENT

### **Dear One Community Health Patient:**

This document sets forth the One Community Health financial payment policy for medical services. Please read this document carefully. If you have any questions, please contact: Practice Manager at 916-914-6213. If you experience payment problems while you are a patient of One Community Health, we encourage you to contact us promptly for assistance in the management of your account.

### **Payment for Services**

As a recipient of medical services at One Community Health, you are responsible for all charges incurred. Typically, full payment for services, including co-payment, old balances and deductible amounts are due at the time services are rendered. By signing this agreement, you agree to pay for the services you receive and understand that the determination of which services you receive is a decision to be made by you and your physician. If you have concerns about paying for your services, please contact One Community Health Practice Manager. For our non-insured patients, One Community Health has an established fee schedule for which you may qualify.

*For insured patients*, One Community Health will submit claims to your insurance either by electronic submission or mailing a paper claim. The claim will list services provided to you at the time of your visit. If your insurance company informs us that you are responsible for a copayment, deductible, share of cost, or in some cases an uncovered service, One Community Health will bill you directly.

If you receive a statement from One Community Health at any time, you will be expected to send payment to One Community Health within 30 days (about 4 and a half weeks). If no payment is received in 30 days (about 4 and a half weeks) a second notice will be sent. If you would like to make payment arrangements on an outstanding balance, call the One Community Health Billing Unit at 916-914-6210 or 916-914-6339.

### **Insurance**

If you have medical insurance, we are eager to help you receive your maximum allowable benefit. To achieve this goal, we need your assistance and your understanding of our payment policy. We will gladly submit claims for your covered medical services to your insurance company. It is your responsibility to understand your coverage and benefits, including pre-existing conditions, referral, pre-determination, and pre-authorization requirements. We will, however, assist you to ensure that all plan requirements are met.

By signing this agreement, you acknowledge that, notwithstanding any contract that you may have with a third-party payer (for example, an insurance company), you as a patient, have the primary responsibility and obligation to pay for the services received. While we will gladly discuss your proposed treatment and answer any questions relating to your insurance, under

the law your insurance is a contract between you and the insurance company. We are required by law to collect co-payments and deductibles from you and to forward certain information to your insurance plan.

**Assignment of Insurance Benefits:**

By signing this agreement, you specifically authorize your insurance company to pay One Community Health directly for insurance benefits and hereby assign such benefits. It is agreed

that payment to One Community Health, pursuant to this authorization, by an insurance company shall discharge said insurance company of all obligations under a policy to the

extent of such payment. You understand that as a patient of One Community Health, you are financially responsible for charges not covered by this assignment and that full payment is due at the time of service except if otherwise arranged or mandated by law.

**Release of Information to Obtain Payment**

By signing this agreement, you specifically authorize One Community Health to release all information or documentation to all parties related to obtaining your insurance benefits for claims submitted by One Community Health on your behalf. You further expressly agree and acknowledge that your signature on this document authorizes your provider and all necessary parties to submit claims to obtain benefits for services rendered without obtaining your signature on each and every claim and that you will be bound on that claim as if each claim was personally undersigned.

## IMPORTANT PHONE NUMBERS AT ONE COMMUNITY HEALTH

For all Appointments (schedule/reschedule/cancel)	916-443-3299
Nursing Advice Line - available 24 hours/day	916-443-3299
Pharmacy	916-914-6256
Patient Financial Services	916-914-6360
Compliance Line	833-969-2549