



**PATIENT**  
HANDBOOK

# GOOD SHEPHERD

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building healthy people

**GOOD SHEPHERD COMMUNITY CLINIC, INC.**

Twenty 12th Ave NW

1104 Walnut Drive

1116 Walnut Drive

Ardmore, OK 73401

[www.buildinghealthypeople.org](http://www.buildinghealthypeople.org)

# ABOUT THE GSCC

**Providing Affordable Healthcare to South Central Oklahoma.**

Since 1996, Good Shepherd Community Clinic, Inc.'s (GSCC) healthcare team of compassionate, professional staff and volunteers have consistently provided thousands of people in South Central Oklahoma with accessible, medical, dental and pharmaceutical services in addition to helping them connect to other necessary social resources such as food and behavioral healthcare with the hope of improving their overall quality of life by caring for the whole patient.

Each year, individuals from all over South Central Oklahoma who lack affordable healthcare access receive quality care for everything from the common cold to serious chronic diseases, abscessed teeth, and access to otherwise unaffordable medications through an integrated care team approach.

Built upon the commitment and vision of a dedicated group of providers and volunteers, the GSCC has grown from the original Tuesday night volunteer clinic in a small rental house treating 85 patients in 1996 to a full-time, comprehensive Community Health Center caring for more than 9,600 medical and dental patients.

Today, our vision is to transform healthcare delivery by empowering each other, inspiring change, and building healthy people. The GSCC Team is committed to promoting patient wellness with an emphasis on prevention as well as education on important health factors like nutrition, disease self-management and physical activity. Evidence of this commitment to "**build healthy people**" can be seen in the way we practice. It's something you need to experience, so come for a visit!

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## OUR MISSION:

The Good Shepherd Community Clinic, Inc., exists so that the working poor and others who lack healthcare access receive quality care and improved health outcomes.

## OUR VISION:

To transform healthcare delivery by empowering each other, inspiring change and building healthy people.

## 12TH STREET HEALTH CENTER

20 12TH AVENUE NW, ARDMORE, OK 73401

### **HEALTH CENTER HOURS:**

Monday - Thursday | 8:00am – 6:00pm

Friday | 8:00am – 12pm

### **PHARMACY HOURS:**

Monday - Thursday | 8:30am – 5:30pm

Lunch | 12pm – 1:30pm (Closed)

Friday | 8:00am – 12pm

### **DENTAL HOURS:**

Monday - Thursday | 8:30am – 5:30pm

Lunch | 12pm – 1:30pm (Closed)

Friday | Closed

### **CONTACT INFORMATION:**

Main phone: (580) 223-3411

Fax: (580) 226-6213

Pharmacy: (580) 826-3575

Pharmacy Fax: (580) 223-5113

Dental: (580) 223-2006

## WALNUT HEALTH CENTER

1104 WALNUT DRIVE, ARDMORE, OK 73401

### **HEALTH CENTER HOURS:**

Monday - Thursday | 8:00am – 6:00pm

Friday | 8:00am – 12pm

### **PHARMACY HOURS:**

Monday - Thursday | 8:30am – 5:30pm

Lunch | 12pm – 1:30pm (Closed)

Friday | 8:00am – 12pm

### **CONTACT INFORMATION:**

Main phone: (580) 226-0543

Fax: (580) 226-2284

Pharmacy: (580) 826-9696

Pharmacy Fax: (580) 826-9510

## BLOOM WOMEN'S HEALTH

1116 WALNUT DRIVE, ARDMORE, OK 73401

### **HEALTH CENTER HOURS:**

Monday - Thursday | 8:00am – 6:00pm

Lunch | 12pm – 1:30pm (Closed)

Friday | Closed

### **CONTACT INFORMATION:**

Main phone: (580) 223-3411

Fax: (580) 226-2284

## HOLIDAY CLOSURES:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Day before Thanksgiving (health centers close at 12:00pm)
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

## WEATHER-RELATED CLOSURES:

In the event of bad weather conditions (snow, ice, tornado threats, etc.), the Good Shepherd Health Centers will post any weather-related closures on the health center's Facebook page and the GSCC team will contact patients with appointments via phone to reschedule.

## MEDICAL/DENTAL EMERGENCIES:

An emergency is a medical condition that requires immediate care and means you cannot wait for a telephone call from your provider without you or a family member being in danger. If immediate care is needed, either call 911 or go directly to the nearest hospital emergency department.

## AFTER-HOURS HOTLINE:

If you need after hours medical care when the Good Shepherd Community Clinic, Inc. is closed, you may contact our after-hours medical hotline at (844) 303-0285, and a consulting nurse will talk with you about your health concern.

***This number is designated for after-hour needs only, please call the health center during normal business hours if you would like to schedule an appointment, access medical records, need medication refills, or have billing questions. The nurse hotline is unable to assist with these needs.***

If it is after-hours and you are advised to contact the Good Shepherd Community Clinic, Inc. for an appointment, be sure to call the health center during normal business hours.

## **INTERPRETATION SERVICES** AVAILABLE:

Interpretation services are available at all Good Shepherd Community Clinic, Inc. locations for Foreign Languages and American Sign Language.

## MEDICATION REFILL **REQUESTS:**

It is important that you do not run out of medication. To prevent this, be sure to plan ahead.

- If you need medication refilled, please contact your pharmacy.
- Medication refill requests will be completed within 72 business hours of receiving notification.

## **RESOURCES AND REFERRALS:**

The Good Shepherd Community Clinic, Inc. can provide case management for patients and assist with accessing various other social services such as WIC, housing, food, and other resources.

The Integrated Health Team Members can assist patients with behavioral health issues and assist with referrals to partner agencies, if/when necessary.

With questions regarding this service, or if you would like to speak to a team member regarding assistance with outside resources, please contact us.

## HEALTH **COACHING:**

The Good Shepherd Community Clinic, Inc. offers health coaching services to assist patients with setting and reaching health improvement goals.

Ask your medical provider for more information.

## **MEAP @ GSCC:**

MEAP is a Medical Equipment Assistance Program providing gently used, donated medical equipment to our patients and community, at no cost.

If you are in need of medical equipment, please contact our warehouse at (580) 223-2142.

## INSURANCE:

The Good Shepherd Community Clinic, Inc. accepts most major insurance plans, Medicare and Medicaid (Sooner Care). If you do not have medical coverage, we offer a sliding fee discount according to your family size and income. Income documentation is needed for a discount. Please see the below sliding fee discount portion of the handbook for more details.

## SLIDING FEE DISCOUNT:

For uninsured or underinsured patients, the Good Shepherd Community Clinic, Inc. offers a sliding fee discount program. Program eligibility is based on documented family income and family size. Family refers to all persons related by birth, marriage (including common-law and domestic partnership), adoption or legal guardianship who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents and are living at the same address are considered separate families.

Proof of family income is required to determine eligibility for a discount.

If you have any questions related to the sliding fee discount program, please ask to speak with a Patient Access Team Member.

## BILLING:

Copays and payments are due at the time of your service. Patients with any unpaid balances will be requested to pay that balance in full at the time of their service. If the patient is unable to pay the balance in full, payment options may be discussed with a Patient Access or Patient Financial Services Team Member.

If you have questions about your insurance coverage or billing concerns, please call Patient Financial Services at (580) 223-3411.

## GOOD FAITH ESTIMATE:

We are required to provide a Good Faith Estimate for self pay patients. This shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, Federal law allows you to dispute (appeal) the bill.

To learn more about disputing or filing an appeal go to: [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)

## SERVICE **ANIMALS:**

The Good Shepherd Community Clinic, Inc. is committed to providing individuals with disabilities full and equal access to services and treatment. All ADA certified service animals are permitted according to the guidelines of the Americans with Disabilities Act.

Emotional, companion and therapy animals are not permitted.

## **NO-SHOWS AND CANCELLATIONS:**

Please call the health center 24 hours prior to your appointment to cancel, or your visit will be considered a no-show appointment.

*Multiple no-shows may limit your ability to schedule future appointments to same day appointments only.*

## PROTECTED **HEALTH INFORMATION:**

The Good Shepherd Community Clinic, Inc. respects your privacy. We understand that your personal health information is sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. Federal and state law allows us to use and disclose your protected health information for the purpose of treatment, payment, and health care operations.

Except for the purposes listed above, we are required to:

- Keep your protected health information private
- Give you a notice of Privacy Practices at the time of your first visit
- Follow the terms of this notice

We have the right to change our practices regarding the protected health information maintained as appropriate and within the law. If we make changes, we will update this notice. You may receive the most recent copy of this notice by calling the health center, or at your next appointment.

## PATIENT **GRIEVANCES:**

As a patient, you may file a complaint or grievance as part of the patients rights process and in compliance with Federally Qualified Health Center's policy and procedures (available upon request). In the event you have a complaint or grievance please notify a team member immediately.





**GOOD SHEPHERD**  
community clinic, inc.

**building healthy people**

## NOTICE OF PATIENT PRIVACY RIGHTS & RESPONSIBILITIES

*THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW GOOD SHEPHERD COMMUNITY CLINIC, INC. MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.*

Protected health information means any information that may identify you and that relates to your past, present, or future health care treatment, services, or payment.

### Treatment, Payment, Health Care Operations

#### Treatment

We may use and disclose your health information to provide you with health care related services or products, or we may share your health information with those involved in your health treatment. For example, we may use your health information to discuss your care with the hospital, your specialty health care provider or referral provider.

#### Payment

We may use or disclose your health information to bill and collect payment for the health care-related services or products that we provide to you. This includes determining eligibility or coverage, billing for services rendered and collections. Unless you have asked that we not bill your insurer or health plan, we may complete a claim form that contains your health information to obtain payment from your insurer or health plan.

#### Health Care Operations

We may use or disclose your health information for the purposes of Good Shepherd operations, which are activities that support Good Shepherd's normal business operations. For example, we may use your health information to process the health care treatment that the provider has ordered. There are some services provided through contracts with business associates. We may give limited access to your health information to our business associates so they can perform services to support our business and the patient's health care needs. Our business associates are required by contract to safeguard your private health information.

### Disclosures That May Be Made Without Your Authorization

There are situations in which we are permitted by law to disclose or use your health information without your written authorization. These situations include:

- When required or permitted by law to do so, such as reporting your health information to state, federal, or local law enforcement officials, court officials, or government agencies, such as the FDA.
- When ordered by authorized public health officials for the purpose of carrying out public health activities, such as to report product problems, or exposure to a communicable disease.
- When the use/disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use/disclosure is for health oversight activities, such as by written request of a state/federal government agency performing management audits, financial audits, and program monitoring.
- When the use/disclosure is for judicial and administrative proceedings, such as in response to an order of a court. When the use/disclosure is to provide notification and reporting of an unsecured breach as required by law.
- When the use/disclosure is for law enforcement purposes, such as reporting certain types of wounds or injuries, or if there is a good faith belief the disclosure is necessary to prevent or lessen a serious, imminent threat to the safety of a person or the public.
- When the use/disclosure is related to death, such as disclosing your health information to coroners, medical examiner, and funeral directors so they can carry out their duties related to your death.
- When the use/disclosure is related to cadaveric organ, eye, or tissue donation purposes.
- When the use/disclosure relates to military, national security, or incarceration/law enforcement custody purposes. We may disclose information about you for military activities, national security, and intelligence activities, and for protective services to the President of the United States. We may disclose information about you to a correctional institution having lawful custody of you.

- When the use/disclosure relates to workers' compensation. We may disclose your health information as authorized by and to the extent necessary to comply with the laws related to workers' compensation or other similar programs established by law.
- When the use/disclosure relates to certain research purposes. For example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if an institutional review board determines authorization is not necessary.

### Disclosures That Require Your Authorization

The following uses and disclosures of Protected Health Information will only be made pursuant to us receiving a written authorization from you:

- Uses and disclosure of your Protected Health Information for marketing purposes.
- Disclosures that constitute a sale of Protected Health Information under HIPAA; and
- Other uses and disclosures not described in this notice.

### Marketing

We must obtain your written authorization prior to using your Protected Health Information for purposes that are marketing under the HIPAA privacy rules. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatments, therapies, health care providers, settings of care, case management, care coordination, products, or services unless you have given us your authorization to do so, or the communication is permitted by law.

### Sale of Protected Health Information.

We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your written authorization.

### You have the right to revoke authorization.

If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. Please submit your written revocations to the Privacy Officer at the address below. However, any revocation will not apply to disclosures or uses already made or taken in reliance on the authorization.

### Your Rights Under Federal and State Privacy Regulations.

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). In addition, each State may have its own laws and regulations pertaining to information privacy. These regulations create certain rights that you may exercise regarding your health information.

### You have the right to inspect and copy your protected health information.

If you request copies, we may charge you a reasonable fee for copies. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to laws that prohibit access to protected health information.

### You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations (except as required by law).

You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for your notification purposes as described in this Notice of Privacy Practices. Your request must be in writing, state the specific restriction requested and to whom you want the restriction to apply. Good Shepherd will consider such requests but is not required to agree to them, except in limited circumstances which we will explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

If you have paid for health care item or service "out of pocket" in full and in advance, and you request that we not disclose protected health information related solely to those items or services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information was not created by this organization; is not available for inspection because of an appropriate denial; or if the information is accurate and complete. Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your health information record. If we refuse to allow an amendment, we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made, and tell others that we now have the incorrect information.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. Requests must be made in writing to the person listed below.

### Complaints or Questions

If you have any questions about this notice or want to make a request pursuant to the rights described above, please contact:

*Chief Compliance Officer  
Good Shepherd Community Clinic, Inc.  
20 12<sup>th</sup> Ave NW  
Ardmore, OK 73401  
Phone: 580-223-3411*

If you are concerned that your privacy rights have been violated, you may contact the office listed below. You can file a complaint with the U.S. Department of Health of Human Services for Civil Rights by sending a letter to:

*U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1.877.696.6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)*

You may also contact the government agency in your State tasked with promoting and protecting the privacy rights of individuals.

*We reserve the right to change our privacy policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen and on our website.*

*This notice is effective on the following date: February 20, 2023.*

