



Patient Handbook

Dear New Patient,

This handbook is to introduce you to our practice. Our goal at Southern Coos Hospital & Health Center (SCHHC) is to create an environment of healing, compassion, service, teamwork, community, and integrity. That's why we are certified as a Patient-Centered Primary Care Home by the Oregon Health Authority.

Please take the time to read this handbook before your appointment and write down any questions you may have. It may be helpful to keep this handbook for reference in the future.

At the end of this packet is an optional form that may help you be prepared for your first appointment.

CONTENTS

Office Hours and AFTER-HOURS Call Line	. 1
Appointments	. 1
Services	. 2
Privacy Practices	. 3
Patient Rights	. 4
Patient Responsibilities	
Filing a Grievance	. 5
Weapons Policy	. 5
Tobacco Free Campus	. 5
Financial Policy and Financial Aid	. 6
Other information	. 6
Preparing for your appointment - Optional	. 7
Preparing for your appointment - Optional	. 8





OFFICE HOURS AND AFTER-HOURS CALL LINE

Office Hours: Monday - Friday, 7 AM - 5:30 PM

Office Phone Number: 541-329-0154

Pharmacy Hours: Monday – Friday, 8 AM – 6 PM Saturday & Sunday, 8 AM – 1 PM

Please allow us a maximum of 1 business day to return missed phone calls.

Please allow us a maximum of 3 business days to fill prescriptions.

If you need non-emergency support after hours, please call our office phone. You will be directed to a triage line that can provide some medical advice and leave messages for your health provider.

For emergency support, call 911 and/or make your way to the Southern Coos Hospital Emergency Department. The Emergency Department is open 24 hours per day, 7 days per week. It is located in the hospital building, across the parking lot from the clinic.

APPOINTMENTS

Please call us during office hours to schedule an appointment.

Expectations:

- Arrive 15 minutes early for appointments.
- If you need to cancel or reschedule, contact us at least 24 hours prior to your appointment.
- For your first appointment, please arrive with a list of all medications you are currently taking, including any over-the-counter medications, supplements, and/or vitamins.
- If the patient is a child, please arrive with a complete list of immunizations from his or her previous healthcare provider.
- Additionally, you will receive a reminder call or text the day before your appointment.

No Show Appointments:

- If you are more than 10 minutes late, we may need to reschedule your appointment.
- If you miss three or more appointments without 24-hour notice, you may be dismissed from the practice.



Patient Handbook

Please let us know if there are obstacles that are making it difficult to make it to your appointment on time and we will always take that into consideration. We understand that things come up and plans can change. However, when appointments are missed it delays the patient's own treatment and makes it more difficult to keep track of the patient's healthcare needs. At the same time, other patients who need to be seen may have longer waiting times before they can be seen.

SERVICES

Your health care team will be comprised of specialists and care providers from the following lists.

Primary Care

- Wellness and Health Exams
- Women's Health Services
- Men's Health Services
- Behavioral Health
- Immunizations
- On-campus Laboratory and Radiology
- Acute Care
- Seasonal illness
- Chronic Conditions
- Referrals to Specialty Care
- Chronic Care Management
- Pre-Employment Physicals

Outpatient Services

- Infusions
- Wound Care
- Catheter Maintenance
- Port/PICC Maintenance
- INR

- Therapeutic Phlebotomy
- Injections

General Surgery

- Appendectomy (appendix removal)
- Cholecystectomy (gallbladder removal)
- Hernia Repairs (inguinal, umbilical, ventral, incisional etc.)
- Upper endoscopy (EGD) for diagnosis and treatment
- Colonoscopy for screening, diagnosis, and polyp removal
- Hemorrhoid Banding
- Hemorrhoidectomy
- Surgical Excision or Lesion Removal

In addition to these services, we can refer you to other healthcare providers if needed for your care. We recognize that transitioning between healthcare providers can be difficult.



Patient Handbook

Here at SCHHC, we have a number of support services including Chronic Care Management and Transitional Care Management. These services exist to support you with your medical needs. If you are interested in working with a care coordinator to support your healthcare goals or you are having difficulty managing your own healthcare needs, please ask your provider for more information about these services.

PRIVACY PRACTICES

Full notice of our privacy practices can be found in our lobby. Here is a summary of our practices.

We are committed to upholding the following practices:

- We will keep your health information private.
- We will only share your information if needed to support your care, such as billing insurance.
- We will promptly inform you if your health information may have been compromised.
- We will not use or share your information other than as described here unless you give us written permission.
- You may request a printed or digital copy of our privacy practices at any time.





PATIENT RIGHTS

Full notice of your rights as a patient can be found in our lobby. Here is a summary of your rights.

You have the right to:

- Privacy and confidentiality of your personal health information.
- Request copies of your medical records and information about medical record use.
- Care delivered in a manner free from abuse, discrimination, or harassment. SCHHC does not discriminate by race, national origin, age, sex, sexual orientation, diagnosis, nor ability to pay for your care.
- Be treated with respect and decency.
- Opportunity to discuss your medical condition with a provider.
- Be informed about your health in terms you can understand.
- Receive an explanation of any portion of your bill and apply for financial aid.
- Have an Advanced Directive or Physician Orders for Life-Sustaining Treatment (POLST) followed by your health care team.

PATIENT RESPONSIBILITIES

Full notice of your responsibilities as a patient can be found in our lobby. Here is a summary.

As a patient, you are the most important member of our health care team. We encourage you to take an active role in your treatment.

Here is how you can participate in your care:

- Provide complete and accurate information about your health and health history.
- Become involved in your care by asking questions and becoming informed.
- Involve a family member or friend in your care.
- Follow the plan developed by you and your healthcare provider.
- Follow SCHHC rules and regulations.
- Show respect and consideration.
- Tell us about concerns or complaints.

SCHHC has a zero-tolerance policy for harassment.





FILING A GRIEVANCE

It is the policy of SCHHC to implement practices consistent with regulatory standards to manage patient concerns related to the care and services they receive. It is also organization policy to assure that patient or family member grievances or complaints are communicated in a timely, reasonable, and consistent manner to the appropriate departments for investigation, problem resolution, and follow up. SCHHC encourages and allows you to voice concerns and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.

If you have a grievance or believe your privacy rights have been violated, you can file a complaint with the Risk Management Quality and Compliance office manager in writing, in person, or by calling either of the following phone numbers.

Risk Management Quality and Compliance Office Phone Number: 541-347-0512

Southern Coos Hospital Front Desk Phone Number: 541-347-2426

Email: info@southerncoos.org

Address: 900 Eleventh Street SE, Bandon, Oregon 97411

If you wish, you may also report a grievance to the Centers for Medicare and Medicaid Services (CMS, 1-800-985-3059) State enforcement agency and/or to the accrediting body Det Norske Veritas (DNV, hospitalcomplaint@dnv.com).

WEAPONS POLICY

Under no circumstance are any weapons (e.g. guns, knives, nun-chucks etc.) permitted in any SCHHC building. Instead, lock your weapons in your vehicle in the parking lot. Even if you hold a legal permit to carry a firearm, you are not allowed to bring this with you to our clinic. If you are observed to have a weapon, you will be asked to lock it in your car or leave the premises. The Bandon Police Department may be called to ensure safety.

TOBACCO FREE CAMPUS

SCHHC is a tobacco free campus. Please refrain from using tobacco products in our parking lots, in our hospital, and in our clinic.





FINANCIAL POLICY AND FINANCIAL AID

SCHHC is Committed to providing financial assistance to people who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay for medically necessary care based on their individual financial situation.

Financial aid is given to individuals on an income-dependent scale. Services may be discounted from 25% up to 100% of the total service cost based on family income and insurance factors.

Financial assistance applications can be requested at the front desk. The application requires proof of income or a letter of hardship if there is no income along with completed application. The financial department will contact you after reviewing your application and determining your eligibility. If you have any questions, please ask the front desk or call the business office at 541-347-2426 ext. 332.

OTHER INFORMATION

The SCHHC is part of Oregon's Patient-Centered Primary Care Home Program which recognizes clinics as primary care homes and makes sure they meet the standards of care. The program is part of the Oregon Health Authority and one of the many efforts to help improve the health of all Oregonians and the care they receive.

Any type of clinic can apply and be recognized as long as they provide the services described in the standards. This includes physical health providers, behavioral, addictions and mental health care providers, solo practitioners, group practices, community mental health centers, tribal clinics, rural health clinics, federally qualified health centers, and school-based health centers.

Participation in the Patient-Centered Primary Care Home Program is voluntary. Health care providers at recognized primary care homes have chosen to become recognized for their commitment to providing high quality, patient-centered care. To learn more about the Patient-Centered Primary Care Home Program visit www.PrimaryCareHome.oregon.gov.

Coordinated Care Organizations & primary care homes:

Primary care homes are at the heart of Oregon's health system transformation efforts. Coordinated Care Organizations are encouraged to include recognized primary care homes in their networks of care to the greatest extent possible. Expanding the availability of primary care homes will provide better access to care now and strengthen the primary care networks as CCOs evolve. To learn more about Coordinated Care Organizations, visit www.health.oregon.gov.



PREPARING FOR YOUR APPOINTMENT - OPTIONAL

Doctor 1	Name:	-
Date:		
Time:		-
Questio		
1		
2		
3		
4		
5		
6		
_		
Sympton	ms or Concerns	
1		
2		
3		
4		
5		
6		
7.		
_		
10		



PREPARING FOR YOUR APPOINTMENT - OPTIONAL

Current Medications: List all prescriptions, non-prescriptions, and over the counter (OTC) medications that you currently take. Please include any herbal and/or nutritional supplements, inhalers, eye drops, ointments, etc.							





Southern Coos Hospital & Health Center Patient Handbook Acknowledgement

I,	have	received	and	had	an
opportunity to ask questions on the Welcome Packet.					
Signature of Patient or Representative					
Date					