



## AUTHORIZATION TO RELEASE PATIENT INFORMATION

### Block 1: Patient Identification

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Identification Number:** (SSN) \_\_\_\_\_ (Charisma ID) \_\_\_\_\_ **Alias:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Block 2: Type of Information & Documentation to be Disclosed

I give permission for the following information and documentation about me to be disclosed

Any and all Eligibility Related Information & Documentation\* Initials: \_\_\_ for YES Initials: \_\_\_ for NO

Any and all Eligibility Related Information & Documentation\* except for \_\_\_\_\_ Initials: \_\_\_ for YES Initials: \_\_\_ for NO

\*ERI&D includes Medical treatment, Mental Health treatment, Drug and/or Alcohol treatment, HIV/AIDS treatment, Financial records, Bills, Legal Records, Health Insurance Eligibility Determination and Plans, and Social Service records, notes, tests, orders, referrals, and communications provided to or requested by AMPA to determine eligibility and/or the provision of program related services.

### Block 3: Persons Authorized to Disclose

Assigned/Authorized Care Coordinator/Manager or AMPA staff member, director, or designated agent

### Block 4: Persons Authorized to Receive

Assigned/Authorized Care Coordinator/Manager and/or AMPA staff member, director, designated agent; Participating or collaborating medical providers such as physicians, nurses, aids, technicians, administration, scheduling, billing or otherwise applicable; Participating or collaborating ancillary providers, DME and/or healthcare supply companies, home health, hospice or otherwise applicable; Participating or collaborating locations such as clinics, centers, offices, practices/groups, temporary sites, hospitals, hospital network related entities or otherwise applicable; Participating or collaborating supportive services such as Ballard Associated Care Managers and Community Health Workers, insurance companies, pharmacies, dispensaries, prescription assistance programs, medical device, material, or implant donation programs, or otherwise applicable; Participating or collaborating government agencies, social service organizations, and/or community resources such as DHS, Social Security, Unemployment, HUD, mental health/counseling, substance abuse treatment, food banks, clothing closets, job training, or otherwise applicable; Non-participating medical providers, ancillary providers, locations, supportive services, government agencies, social service organizations, and/or community resources when attempting to recruit providers or procure program-related services

### Block 5: Purposes of Disclosure

To determine initial and on-going medical, financial, residential, specific and general eligibility for any of the AMPA and AHCN programs: Specialty Care Coordination, Patient Services, and/or Ballard Associated Care Management; to assess for the appropriateness of diagnostic, specialty, or other related medical requests in relation to available resources; to communicate with participating and/or non-participating providers to ensure comprehensive, case-managed care; to confirm compliance with AMPA Policies, Procedures, and the Patient Responsibility Agreement, medical treatment plans, payment arrangements, health insurance billing and use of services, or otherwise applicable; to apply for related services; to refer for related services; to schedule appointments or other related services; to provide authorization for services; to categorize and track applicable costs by self-pay/billed, reimbursement/insured, or charity/donation; to recruit related services; for reporting to funding sources

**Block 6: Methods of Disclosure**

Unless otherwise stipulated, AMPA will provide and receive disclosed information through face-to-face discussion, telephone contact, paper, fax, mail, or email

**Block 7: Emergency Contact Person(s)** [Patient’s personal representative must be listed here]

If AMPA cannot reach you, is there another person(s) with whom we can discuss your **medical information**? Please list the name, relationship, contact information. Then put a check (√) beside which method(s) you would like for us to use.

\_\_\_\_\_

Face to Face    Telephone    Voicemail    Fax    Mail    Email

\_\_\_\_\_

Face to Face    Telephone    Voicemail    Fax    Mail    Email

**Block 8: Letter of Support Contact Person(s) – To verify your household and financial situation**

Please list the name, relationship, contact information. Then put a check (√) beside which method(s) you would like for us to use.

\_\_\_\_\_

Face to Face    Telephone    Voicemail    Fax    Mail    Email

\_\_\_\_\_

Face to Face    Telephone    Voicemail    Fax    Mail    Email

**Block 9: Message ONLY Contact Person(s)**

If AMPA cannot reach you, is there another person(s) with whom we can **leave a message**? Please list the name, relationship, contact information. Then put a check (√) beside which method(s) you would like for us to use.

\_\_\_\_\_

Face to Face    Telephone    Voicemail    Fax    Mail    Email

**Block 10: Expiration**

This Authorization will expire upon file closure, program disenrollment, or receipt of a written revocation of this authorization from the Patient.

**Block 11: Signature/Date**

- I accept the terms of this Authorization. I have read this form (or have had this form read to me) and understand its contents. I am the patient listed or am authorized to act on behalf of the patient as the patient’s personal representative.
- I understand that if the person or entity that receives the described records/information is not a health care provider or health plan covered by federal privacy regulations, the records/information may be redisclosed and no longer protected by those regulations.
- I also understand that I may revoke this authorization at any time by delivering a *written* revocation to Appalachian Mountain Project Access: P.O. Box 973, Johnson City, TN 37605. This will have *no* effect on information already shared or actions already taken by reliance on this form.

Patient’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal Representative’s Signature \_\_\_\_\_ Date \_\_\_\_\_



CONSENT & FULL DISCLOSURE

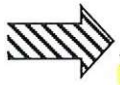
1. CONSENT: The undersigned consents to apply for eligibility with the Project Access program. The patient hereby authorizes the disclosure to Project Access of any financial information including, but not limited to, income, debts, earnings, expenses, bills, creditors, liens, loans, financial aid, awards, bank accounts, interest, legal judgements, court orders, or agreements to determine eligibility. The patient hereby agrees to hold Project Access, its employees, officers, and agents harmless from any claim, suit, action, or demand of the patient, the patient’s creditors, or any other person, which might rise out of this application process. The patient understands that Project Access shares certain pieces of information and certain information may be shared to aid in the coordination of medical or social services or to determine eligibility for programs outside of, but related to, Project Access programs. The patient understands that while completing the eligibility process for AMPA, the patient is also being screened for additional programs such as Ballad Associated Care Management and Community Health Worker programs through the Appalachian Highlands Care Network (AHCN), in which AMPA participates. Project Access agrees that the information contained in the patient’s file will be kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act and for legitimate health disclosures under HIPAA and HITECH.

2. FULL DISCLOSURE: The client further agrees to reveal all known debts, income, assets, insurance coverage, or other pertinent information necessary for Project Access to determine eligibility. The client states that to the best of the patient’s knowledge all information furnished to Project Access on the patient’s behalf is accurate.

ACKNOWLEDGEMENT

I acknowledge that I have met with a Community Navigator who has described the Project Access Program. I have been given an opportunity to ask any questions. I have been given a copy of the Patient Responsibility Agreement and will meet with a Care Coordinator who will further explain this document to me. I understand that if I do not abide by this Agreement, I may be removed from the Project Access Program.

I have also received a copy of Project Access’s NOTICE OF PRIVACY PRACTICES.



\_\_\_\_\_  
Patient’s Signature Date

\_\_\_\_\_  
Personal Representative’s Signature Date

\_\_\_\_\_  
Enrollment Specialist’s Signature Date



Project Access is an independent non-profit organization which seeks to bring about the meaningful access of healthcare services. Project Access is not insurance and does not pay for services received. Care is donated by participating providers. Patients must meet eligibility criteria and abide by certain behavioral expectations/patient responsibilities as outlined below. Project Access is the Specialty Care Coordination provider for the Appalachian Highlands Care Network (AHCN).

1. Patients will provide the requested financial paperwork to determine eligibility. [A1, A3]
2. Patients will call their Care Coordinator when there are changes in their personal or healthcare information (i.e.- contact info changes, getting insurance, etc.) [A4, A5]
3. Patients will receive an AMPA ID card and enrollment letter when approved and will not claim to be a Project Access patient before this is received. [B1, B2]
4. Patients are enrolled for 6 months at a time unless a different timeframe is deemed appropriate. [B3]
5. Patients may be re-enrolled after 6 months if they still have a medical need and still qualify for the program. Re-enrollment is not guaranteed and is subject to proof of continued financial eligibility. [B3, B4, B5]
6. Patients must have a Primary Care Provider (PCP) and can schedule their own PCP appointments. [C1, C2, C5]
7. Project Access does not pay for Primary Care but can help patients establish with an affordable PCP. [C3, C4]
8. Patients are expected to engage in age-appropriate preventative screenings and treatment. [C8,D16]
9. AMPA must receive a referral before any specialist or hospital appointments can be scheduled. [D3]
10. Referrals must be reviewed before appointments can be scheduled to make sure all required information is included. [D7]
11. Appointments are scheduled by urgency, so patients may be placed on a waiting list for an appointment. [D6]
12. Patients will check with their Care Coordinator before having any testing done or attending any appointments with a new provider. [D4]
13. Patients can schedule follow up appointments or reschedule appointments but will not schedule any appointments with new providers or the hospital. [D8]
14. Patients will inform their Care Coordinator of any appointments and/or any changes to appointments. [D8, D12]
15. Patients will not be late or no-show to any appointments and will only reschedule when necessary. [D9, E5]
16. If a patient is unable to attend an appointment due to transportation issues, the patient will inform Project Access so that transportation can be arranged if possible.
17. Patients will take their AMPA ID card to all approved medical appointments. [D12]
18. Patients will be respectful to all staff, physicians, and providers at all medical, social service, and AMPA offices. Violence, threats, intimidation, hate speech, or prejudicial acts of any kind are not tolerated. [E1, E2]
19. Patients are expected to maintain contact with Care Coordinators and participate in Monthly Check Ins. [E7]
20. Patients will only go to the Emergency Room for a "True Medical Emergency". [F1]
21. Patients will consult with their PCP, the nursing hotline [833- 822-5523], and/or their local Ballard Health Urgent Care before going to the Emergency Room. [F5]
22. Patients will apply for Financial Assistance if they are not admitted to the hospital. [F3]
23. Patients are responsible for taking and filling their medications as prescribed.
24. Patients will notify the Care Coordinator if he/she cannot afford the cost of medications. AMPA will not pay for meds but will assist with resources. [G1, G2, G3]
25. Patients will notify their Care Coordinator immediately if they are asked for payment at a physician's office. [H2]
26. Patients will bring any current medical bills as soon as they are received. [H3]
27. Patients will not bring any bills that are before that patient's enrollment started or are older than 6 months. [H5]

**Project Access tries to get all Specialty Care Coordination services donated so Patients are not charged. Project Access cannot promise that all services will be donated because some resources may run out, a Provider may decline to see the Patient, or the Provider may not fully participate with Project Access.**





## Patient Responsibilities Agreement

**Introduction:** Project Access is an independent non-profit organization which seeks to bring about the meaningful access of healthcare services. We are funded through government grants, charitable giving, and individual donors. Project Access is not insurance and does not reimburse for services received. Project Access is not an entitlement program. This means that a patient must meet eligibility criteria and abide by certain behavioral expectations/patient responsibilities as outlined below. Project Access has the right to shorten, end, or void a patient's enrollment at any time but especially if any of its staff or designated agents become aware of any real or suspected violations of this agreement. This could result in the patient being responsible for medical bills and no longer having access to certain providers through our program.

**Enrollment Process:** Project Access operates individual programs to support the mission, the main program being Specialty Care Coordination. In order to qualify for services, eligibility must be determined by reviewing financial status, the county that you live in, and how many people live in your household (along with a few other criteria such as level of need, resource availability). You will be asked to provide personal information and documentation. You will be asked to participate with a Care Coordinator who will help manage your care. Participation is voluntary and can be stopped at any time by simply communicating with your Care Coordinator that you no longer wish to participate.

Project Access is the Specialty Care Coordination provider for the Appalachian Highlands Care Network (AHCN). The AHCN consists of many regional partners dedicated to the mission of delivering a better, more cohesive system of care for the region's uninsured patients and improving the health of the region.

### General Responsibilities for Program Enrollment

#### **A. Eligibility Screenings:**

- 1.** During a Pre-Screening Phone Call, all Patients are asked to bring a List of REQUIRED DOCUMENTS to their Eligibility Appointment at Project Access. The List of Required Documents is also put in the Appointment Reminder Letter that is mailed to the Patient before his/her Appointment. The Patient is encouraged to contact Project Access with any questions or concerns about the documents (423.232.6700).
- 2.** During or after their Eligibility Appointments, Patients may be asked to provide other (or additional) information or documents in order to determine if they qualify for services. For example, Project Access determines HOUSEHOLD size based on the nature of relationships, length of time spent together, and how bills are paid. Project Access's definition of a household may not match a particular Patient's definition, but proof of income is required for all members of a household.
- 3.** Patients must supply all required information and documentation [which is accurate, complete, relevant, truthful, and updated] by the given DUE DATE in order to be considered for enrollment and re-enrollment. Project Access reserves the right to check on any information or documentation given to our office. Patients should contact their Care Coordinator if they have any trouble getting the information and documents in order to ask for more time. Patients will be closed if their Care Coordinators are not able to determine if they qualify. Once all information and documentation is submitted an enrollment decision made.
- 4.** Patients will contact their Care Coordinator immediately when any PERSONAL INFORMATION changes (such as income, household, address, phone, etc).
- 5.** Patients will contact their Care Coordinator immediately when any HEALTHCARE COVERAGE CHANGES (such as if they are offered insurance, have health coverage start, or have changes to

their benefits). Anyone who has insurance or access to affordable insurance does not qualify for AMPA coverage. Affordability is based on federal standards as outlined by CMS and the ACA.

## **B. Enrollment**

- 1.** Patients who qualify for SCC are sent an ENROLLMENT LETTER and PROGRAM IDENTIFICATION CARD.
- 2.** Patients are usually enrolled for 6-month time periods. Patients can be enrolled for less than 6 months and they may have their enrollments extended past 6 months under certain circumstances.
- 3.** Patients may be eligible for re-enrollment if they continue to meet eligibility criteria and fulfill all the responsibilities (both general, program-connected, and specific to the patient) as outlined on the Patient Responsibility Agreement and/or communicated to the Patient directly by the Care Coordinator (or assigned Designee).
- 4.** Patients whose medical issues have improved and become stable may be denied re-enrollment in order to make room for other Patients. If needed, Patients can be re-referred in the future.
- 5.** Patients should KEEP IN CONTACT with their Care Coordinators. When leaving a voicemail message, Patients should include their full name, a telephone number, and the specific reason they are calling. For example, if a Patient wants to know if a test has been approved, the message should say “My name is John Doe, my phone number is 222-2222, and I wanted to know if the X-ray for my Shoulder has been approved”. Patients are encouraged to leave one message, waiting for 1 business day before calling again.
- 6.** Individuals are not enrolled and not able to say they are Project Access Patients simply because they have contacted Project Access, their Provider has referred them to Project Access, they attended an Eligibility/Enrollment Appointment, or they provided documentation to a Care Coordinator.

## **C. Primary Care:**

- 1.** Patients are required to maintain contact with an established Primary Care Provider. Primary Care Providers (PCP) may work at a community clinic or in a separate office. Patients who have been seeing a PCP will CONTINUE TO SEE THAT PROVIDER whenever possible. Should a Patient wish to change PCPs, he/she should contact his/her Care Coordinator to discuss options. Patients have the right to choose their PCP regardless of their county but should understand that having a PCP outside of their service area could limit Project Access’s ability to coordinate his/her care.
- 2.** Patients who do not have a PCP, or are prevented from continuing with their PCP, will seek out and become established with a new PCP during their enrollment period with Project Access.
- 3.** Some community clinics and primary care offices use a SLIDING FEE SCALE to determine office visit charges. This means Patients are charged based on the amount of their income. Patients will be responsible for paying these charges; they will not be covered under Project Access.
- 4.** Patients who have been prevented from seeing their PCP due to financial limitations will do the following steps in the following order: first, ask their PCP to participate with Project Access; second, request that they can be seen based on a sliding fee scale; third, find and make an appointment with a new PCP if a financial arrangement can’t be put into place with the original PCP. Inform your Care Coordinator if you need assistance making an appointment with a PCP.
- 5.** Patients are responsible for scheduling their appointments, attending appointments, and rescheduling and/or cancelling appointments as needed with their PCP.
- 6.** Patients should report ANY CHANGES IN THEIR HEALTH to their Primary Care Provider.
- 7.** Patients will INFORM THEIR CARE COORDINATORS of PCP appointments.
- 8.** Patients are expected to discuss age-appropriate preventative screenings (mammogram, colonoscopy, etc.) with their PCP.

## **D. Diagnostics and Specialty Care:**

- 1.** Patients will notify their Care Coordinators of any current or past Medical Providers.



2. Patients are expected to access services with Providers they have already seen or consulted with, whether in office or in the hospital. Patients will help Project Access recruit Providers by asking if they will participate on their behalf.
3. Any time a Medical Provider wants a Project Access Patient to have a test, see another doctor, or be provided an additional service, he/she must send a REQUEST/ORDER AND AN EXPLANATION/DOCUMENTATION for why it is needed BEFORE scheduling takes place. Referrals are reviewed in Case Review; IF APPROVED, the testing or specialty care appointment WILL BE SCHEDULED BY THE PROJECT ACCESS OFFICE. Not all Requests/Orders may be approved.
4. AMPA assigns AUTHORIZATION CODES for approved/scheduled appointments. Patients should always check with their Care Coordinator before getting any testing or being seen by a new specialist. When Patients attend appointments that have NOT BEEN AUTHORIZED by Project Access, they may be responsible for all related charges and be dis-enrolled from the Specialty Coordination Program. Dis-enrollment can result in the Patient no longer being able to access certain Providers or Services.
5. Project Access has a certain number of services donated to us, so we must keep track of how many we have to give out. This means that even when Patients qualify for SCC, EACH SERVICE, APPOINTMENT, OR VISIT must be approved.
6. Patients should inform their Care Coordinators if they have a conflict with any scheduled appointments so that the appointment can be rescheduled.
7. Specialty Care appointments may be scheduled and completed within 2 weeks to several months of approval depending on the demand for that particular service. Patients may reschedule the appointment if they have conflicts but should do so as soon as possible and tell their Care Coordinators.
8. Patients may be connected to providers with whom they have previously been established. These patients may be asked to make payments or pay in full any outstanding bills before appointments can be scheduled. These payments are the responsibility of the patient.
9. If a patient is unable to attend an appointment because he/she does not have transportation to/from the appointment, that patient should notify Project Access so that transportation can be arranged if possible.
10. Requests will be REVIEWED and APPROVED by Project Access BEFORE scheduling. Patients with the GREATEST NEED or those most likely to benefit from a medical intervention may be served before other Patients. Project Access keeps a Waiting List for services in high demand. When a service runs out for the year, the Patient may have to wait for the next year to begin.
11. Follow-up appointments may be scheduled between the Patient and the Specialist's office, but the Patient should still inform his/her Care Coordinator of the appointment.
12. Patients will not be late to their medical and social service appointments. If Patients are running late, they will call the office and tell them. Patients will not miss their appointments. If Patients are going to miss an appointment, they will call the office and reschedule for another time, giving the office as much notice as possible. Patients should limit how often they reschedule or cancel appointments, telling their Care Coordinator whenever they do so.
13. Patients will present their Project Access ID Card and Picture ID each time they see an Approved Provider or attend an Authorized Appointment.
14. Patients will notify their Care Coordinator if a provider schedules any Diagnostics, Procedures, Surgeries, or refers them to another Specialty Care Provider.
15. If eligible, patients may be referred to associated programs such as Care Management or Community Health Workers with the AHCN. Patients will continue to engage with AMPA and follow the PRA responsibilities.

#### **E. Patient Engagement:**

- 1.** Patients will actively, cooperatively, and respectfully participate with both medical and social service providers, including supportive staff, administrative staff, and volunteers. Patients are encouraged to ask questions and give honest answers.
- 2.** Patients may be disappointed or feel irritation at times; Patients are expected to respond in a straightforward but respectful manner, keeping themselves under control. Patients should not raise their voice, yell, curse, or act in a threatening manner, whether by their facial expressions, their language, or actions to either staff or fellow patients. Patients may be held responsible for the behavior of people who assist them, accompany them, or in any way represent them. The negative actions of a few people can put the entire program at risk.
- 3.** Patients will attend all approved appointments and arrive early; if not, then on time.
- 4.** Patients will not no-show to any provider's appointment. To "NO SHOW" means "to miss an appointment without telling the clinic or office in enough time for them to be able to reschedule someone in your place". Patients who are unable to keep an appointment will contact the provider's office the day before or as soon as possible to cancel and reschedule. Patients will then notify their Care Coordinator.
- 5.** Patients understand that they are able to influence their own health and well-being through the choices they make and the behaviors they practice. Patients may be asked and/or expected to participate in education classes, sessions, or other programs related to their overall well-being.
- 6.** Patients are expected to participate in Monthly Check-In Calls with Care Coordinator to review the Patient's Care Plan and discuss and changes in medical needs, additional appointments, or other important updates.

**F. Immediate Medical Care:**

- 1.** Patients should only go to the Emergency Room/Emergency Department when they are having a "true emergency", which here means "a serious, unexpected, or dangerous situation which requires immediate action". REPEATED Emergency Room/Emergency Department visits which are not "true emergencies" will result in the Patient being dis-enrolled from Specialty Care Coordination Program and being responsible for all related charges.
- 2.** Emergency Room/Emergency Department visits will ONLY be covered under Project Access WHEN the Patient is ADMITTED into the hospital AND the Patient CONTACTS (or has someone contact) his/her Care Coordinator WITHIN 48 HOURS OF THE ADMITTANCE. If the Patient is not able to speak directly to his/her Care Coordinator, the Patient should leave a detailed voice mail message [see section B6 above]. Patients will recontact their Care Coordinator when they are discharged from the hospital and let them know of any Providers they are being referred to.
- 3.** If the Patient is not admitted he/she must request, fill-out, and turn-in a Patient Financial Assistance Application from that hospital.
- 4.** Remember for EMERGENCY SERVICES, patients are encouraged to access the local and/or closest emergency room/department.
- 5.** Patients will follow the below steps in relation to Immediate Medical Care:
  - Step 1:** Patients who have an illness or medical concern will FIRST CONTACT THEIR PCP (or applicable Specialist) for advice or treatment. If that exact Provider is not available, the Patient should ask if another Provider, Doctor, or Nurse would be able to answer his/her questions.
  - Step 2:** When Patients have an illness or medical concern after normal office hours and are unable to contact their PCP (or applicable Specialist), Patients will contact the NURSING HOTLINE: Nurse Connect at 833 822-5523. Patients should write-down the day, time, and nurse's name that they talked to.
  - Step 3:** Patients will access an URGENT CARE Clinic BEFORE accessing an Emergency Room/Department, if possible. Urgent Care Clinics often have shorter wait times and cost much less.
  - Step 4:** Patients will NOT access the Emergency Room/Department unless there is a "TRUE EMERGENCY" - "a serious, unexpected, or dangerous situation which requires immediate action". An example of an emergency would be a heart attack.

## **G. Medication**

- 1.** Patients will take medications AS PRESCRIBED OR INSTRUCTED by their Provider(s).
- 2.** Patients are responsible for the cost of THEIR PRESCRIPTIONS.
- 3.** Patients will inform their Care Coordinator WHEN THEY NEED ASSISTANCE with getting medication, testing supplies, or medical equipment. Patients will work with their Care Coordinator to identify and then apply for applicable and appropriate resources.
- 4.** Patients will provide their Care Coordinators with information concerning their prescriptions and over-the-counter medications, as well as the use of vitamins, supplements, herbs, or other substances.
- 5.** Patients should understand that some Providers will deny or discontinue treatment if they suspect or can prove a Patient is under the influence of alcohol or drugs or is drug seeking.

## **H. Medical Bills**

- 1.** Project Access tries to get all Specialty Care Coordination services donated so Patients are not charged. Project Access cannot promise that all services will be donated because some resources may run out, a Provider may decline to see the Patient, or the Provider may not fully participate with Project Access. Some Providers will offer discounts but will not provide their services at no charge. Some Providers will not agree to work through Project Access so the Patient must ask their offices directly if their bills can be written off. All donations are ultimately the decision of the Provider or the Provider's Office.
- 2.** Patients should not be asked for payment when attending any Approved Provider or Authorized Appointment. Patients should INFORM THEIR Care Coordinators IMMEDIATELY if they are ever asked for payment in order to receive a service.
- 3.** Patients will give any medical bills they receive to their Care Coordinators AS SOON AS THEY RECEIVE THEM, so the Billing and Claims Specialist has plenty of time to review the bills to see if they can be covered under Project Access. Patients sometimes may be billed by mistake. Project Access CANNOT assist with medical bills sent to a COLLECTIONS agency.
- 4.** Charges for medical services BEFORE or AFTER Specialty Care Coordination enrollment will be the responsibility of the Patient, unless otherwise determined. Patients are expected to CONTINUE PAYING FOR MEDICAL SERVICES THEY RECEIVED IN THE PAST. Patients should talk to their Care Coordinator about any past due bills or payment plans they have agreed to. Providers may require that any previous payment arrangements or past due bills be paid before scheduling any additional appointments. Project Access will not pay these bills.
- 5.** Medical bills that have a date of service older than six (6) months will not be accepted.





Appalachian Mountain Project Access  
**NOTICE OF PRIVACY PRACTICES**  
Effective Date: November 1, 2007

**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: Executive Director, 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604  
Phone: (423) 232-6700 Fax: (423) 232-6707

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.** Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements. We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received during your enrollment with Project Access. Healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices; make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

● **Right To Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your health information, you must complete a specific form providing the information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Coordinator at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604 or call (423) 232-6700. You will be asked to submit a specific form to review the records stored in the Project Access. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A Project Access Board Member will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If you would like a copy of your health care records provided by another provider, you will need to contact that provider as Project Access does not keep complete medical records and does not provide direct clinical care.

● **Right to Request Amendment.** If you believe that our records contain information about you that 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 Project Access. To request an amendment, you must submit this request in writing to the Executive Director, and include the reason that supports your request. To obtain this form or to obtain more information concerning this process please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604. We may deny your request for an amendment if you fail to provide a complete request in writing. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by us; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

● **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you, with certain exceptions specifically defined by law. To request this list of accounting of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700. Your request must state a time period, which may not be longer than six years and may not include dates before 11/01/2008. Your request should indicate in what form you want the list (for example, on paper, electronically, etc). The first list you 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 involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

● **Right to Request Restrictions.** You have the right to request a restriction of limitation on the health 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 health 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 surgery you had. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you file a request to restrict or limit the health information we would normally disclose to participating providers and other associated entities, and that restriction limits our ability to coordinate your access to donated services, we may have to remove you from the Project Access program. To request restrictions, you must complete a specific form providing the information we need to process your request. To obtain this form or to obtain more information

concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700.

● **Right to Request Alternative Methods of 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 at work or by mail. To request an alternative method of communication, you must complete a specific form providing the information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

● **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, contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700.

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**COMPLAINTS** - If you believe your rights, with respect to health information about you, have been violated by Project Access, you may file a complaint with Project Access or with the Secretary of the Department of Health and Human Services. To file a complaint with Project Access, contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700. All complaints must be submitted in writing. **You WILL NOT BE PENALIZED for filing a complaint.**

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**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION** - The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you need to submit a request for restrictions in the manner described above.

● **For Treatment.** We may use information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you through your enrollment in Project Access. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Project Access may also share your health information with other participating or non-participating medical providers, ancillary or supportive providers, social service providers, community resource providers, medical provider groups, hospital networks, and health insurance companies in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, durable medical equipment, in-network services, authorizations, etc. We also may disclose health information about you to people outside of Project Access who may be involved in your medical care after you leave the program, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity, however, to restrict such communications.

● **For Payment and Eligibility.** Through our Specialty Care Coordination (SCC) Program, Project Access aims at assisting you in accessing medical services on a donated basis. However, there may be situations in which you access care that is not being donated and for which you must provide payment even when enrolled in SCC. Our Health Insurance Marketplace Program aims at getting previously uninsured individuals health insurance coverage. There may be premium, co-pay, co-insurance and/or other charges associated with HIM plans. Our Insurance Premium Assistance Program aims at assisting with premium, co-pay, co-insurance and/or other charges related to HIM plans or Private plans. Not all HIM plans or Private plans will be eligible for IPA. We may use and disclose health information about you so that the treatment and services you receive during your enrollment in Project Access may be coordinated, even if those services are not available on a donated basis and you are being billed for those services. For example, we may need to give your health information about emergency services you received through a hospital (that are not considered donated, patients must be billed) so that the hospital can bill you for those emergency services. We may tell other medical benefits providers such as TennCare about a treatment you are going to receive to determine your eligibility for coverage for the treatment. We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and services provided to you by that provider, or to determine if they wish to consider those services as donations through our program.

● **For Health Care Operations.** We may use and disclose health information about you for our internal operations or external partnerships. These uses and disclosures are necessary to operate and improve Project Access and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider or plan's internal operations.

● **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care through the Project Access program. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying Project Access and asking for you to return our call. Unless we are specifically instructed by you

otherwise or in a particular circumstance, we will not disclose any health information to any person (other than you) who answers your phone except to leave a message for you to return the call.

● **Surveys.** We may use and disclose health information to contact you to assess your satisfaction with our services.

● **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

● **Business Associates.** There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

● **Individuals Involved In Your Care or Payment For Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

● **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health status of newly enrolled Project Access patients with those exiting the program. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' needs for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the Project Access program. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care through your enrollment in Project Access.

● **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.

● **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

● **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

● **Employers.** We may release health information about you to your employer if you access health care services through the Project Access program at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

● **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

● **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report births and deaths; to report reactions to medications or problems with products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify 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.

● **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you 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 to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at Project Access; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

● **Coroner's 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 may also release health information about patients enrolled in Project Access to funeral directors as necessary for them to carry out their duties.

● **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

● **Protective Services for the President and Others.** We may disclose health information about you 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/Persons 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 about you to the correctional institution or law enforcement official. This release would be 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) for the safety and security of the correctional institution.

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**OTHER USES OF HEALTH INFORMATION.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, as we are required to retain in our records, the care that we provided to you.

**CHANGES TO THIS NOTICE.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Project Access office. The notice will contain the effective date on the first page. In addition, each time you are enrolled in the Project Access program to access donated health care services, we will offer you a copy of the current notice in effect.

**ACKNOWLEDGEMENT.** You will be asked to provide a written acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and enrollment in Project Access is not conditioned upon your providing the written acknowledgement.

**DATA BREACH POLICY.** Project Access is compelled by the Health Insurance Portability and Accountability Act (HIPAA) and the National Association of Social Work's Code of Ethics to notify our patients in the event of a breach of patients' confidential information in a timely manner. Patients will receive details concerning the information involved in the breach, the steps that are being taken regarding the incident, and any precautions patients may take to further protect their information.