



COUNSELING CLIENT ATTENDANCE POLICY

We value your appointments and your time. To ensure that you receive the most benefit from these services, we ask that you attend all scheduled appointments; however, we understand emergencies happen. In order to better serve our clients, we ask that you consent to the following terms:

- I agree to cancel an appointment **24 hours** prior to scheduled appointment time.
- I understand that if I do not cancel an appointment as described above, I will be charged up to a \$20.00 fee for late cancels or no shows.
- I agree to pay any late charge I accrue, in full, before my next appointment.
- I understand that after 2 no shows or late cancellations my case will be reviewed and I may be referred to another agency for counseling services.
- I understand that I am responsible for rescheduling any appointment that I cancel.
- I understand that if my therapist is unable to reach me by phone, a letter may be mailed to the address I provided.
- I agree to keep my contact information current and up to date.
- I understand that if I have not received services for 30 days, I will be contacted via phone and my file may be closed.
- I agree to inform my counselor if I wish to end counseling prior to the planned service end date.
- I understand that if I have extensive cancellations or no shows, Sunbeam Family Services reserves the right to refer me to another agency for services
- I understand that if in the future I return to Sunbeam for additional counseling, I must pay any remaining balance I owe, in full, before my first appointment will be scheduled.
- I understand that consistent attendance is necessary to achieve the goals I have set for myself and that inconsistent attendance may prolong these goals from being achieved.
- I understand that inconsistent attendance may result in the ending of services.
- I understand if services are ended, I will receive information on other resources and/or referral to another counseling agency.



CLIENT RIGHTS AND RESPONSIBILITIES

Sunbeam Family Services Mission

To provide people of all ages with help, hope, and the opportunity to succeed through Early Childhood, Foster Care, Counseling and Senior Services.

Client Rights and Responsibilities Agreement

You have certain important rights guaranteed to you as a client of Sunbeam Family Services which we want you and/or your parents or legal guardian to know, understand, and exercise. These rights include:

Equal Treatment

- The right to be treated with respect and dignity by all Sunbeam Family Services staff without regard to race, religion, gender, sex, age, marital status, national origin, sexual orientation, gender identity or expression, developmental disabilities, or mental or physical handicap.
- The right to receive services that recognize, respect, and respond to your unique culturally-defined needs.
- The right to have access to translated materials or translators.
- The right to be provided services in an environment free of: physical, sexual, verbal, or other abuse; neglect; financial exploitation; humiliation; or any other human rights violation.
- The right to be served in a non-coercive manner that protects and supports your right to self-determination.

Confidentiality and Privacy

- The right to privacy, security, and confidentiality of your identity, diagnosis, prognosis, and treatment, to the extent permitted by law.
- The right to be treated respectfully regarding your privacy.
- The right to understand how your Protected Health Information (PHI) is disclosed for purposes of treatment, payment, and health care operations (these types of disclosures are further defined in the Notice of Privacy Practices, which is provided to you along with this document).
- The right to the confidentiality of your records and source of payment for services (except as otherwise noted in the Notice of Privacy Practices).
- The right to require your consent for the use of tape recordings, videotapes, and/or photographs of you, and to be informed of their purpose and how they will be used.
- The right to provide or refuse authorization for family members or others to participate in your treatment or for the release of confidential information to family members or others.
- The right to access your records in compliance with applicable state and federal laws in sufficient time to make decisions regarding your care.

Treatment with Dignity

- The right to be treated with respect for your personal dignity.
- The right to receive safe and considerate treatment in an environment that protects the health, safety, and confidentiality of the individuals served.
- The right to refuse to participate in any research study without adverse effects on services.
- The right to exercise your rights as a client of Sunbeam Family Services without fear of retaliation or other adverse consequences.

Service by Qualified Staff

- The right to have qualified, competent staff supervise and provide you with services which promote personal dignity and opportunity for improved well-being.
- The right to be given the name, professional qualifications, and position of the staff member responsible for your care, as well as their supervisor's name.
- The right to be provided, upon request, information about the credentials, training, professional experience, and specialization of your providers and their supervisors.

Information about Treatment

- The right to be informed of your rights during your initial assessment at Sunbeam Family Services, whenever Sunbeam makes a change in the rights statement, and upon verbal or written request.
- The right to have the opportunity to ask questions about your rights.
- The right to be informed of what to expect when you receive services, including the risks, benefits, and side effects of any proposed interventions, services, or treatment in a language you understand.
- The right to object to any changes in treatment, services, or personnel, and the right to a clear explanation if such an objection cannot be accommodated.
- The right to refuse any treatment, to the extent permitted by law, and to be informed of the likely results of your refusal.
- The right to request a change of provider, and if the request is denied, the right to receive an explanation.
- The right to be informed in advance if you are to be transferred to a different therapist or treatment program, and the right to be given an explanation for these changes.
- The right to be referred to an alternate service, program, or treatment setting if you may be better served at a different level of care.
- **The right to call crisis intervention resources outside of Sunbeam Family Services should you experience an acute psychiatric emergency**
- The right to receive copies of program rules, services provided, client rights, and other important information.
- The right to receive the following information during your initial assessment and upon verbal or written request:
 - Accreditation status of Sunbeam Family Services
 - Discharge policies
 - Areas of treatment specializations at Sunbeam Family Services
 - Hours of operation
 - Emergency contact procedures
 - Procedures for resolving concerns and complaints
 - General services provided by Sunbeam Family Services
- The right to be informed of the cost of services, the source of Sunbeam's reimbursement, and any limitations placed on my treatment.
- The right to be provided, upon request, information regarding charges billed to and payments made by an insurance company on your behalf.
- The right to timely communication, keeping in mind that Sunbeam staff may not be immediately available.
- The right to provide feedback on Sunbeam's counseling program policies and services.



Participation in Your Treatment Plan

- The right to participate in the development of your treatment plan and to receive individualized treatment accordingly.
- The right to be informed about, and to participate in, decisions regarding your treatment and services and to receive the information necessary for you to make informed decisions, including:
 - Your current diagnosis
 - The limitations of confidentiality
 - Projected discharge date and plan
 - Potential risks if treatment is not provided
 - Ongoing review of your treatment goals, and mutually agreed upon adjustments of the treatment or service plan
- The right to request a change of service, and if the request is denied, the right to receive an explanation.
- The right to review your records with your therapist and/or to request a review of your treatment plan by another staff member (at no cost) or by an outside consultant (at your expense), to the extent permitted by law.
- The right to be informed of relevant alternative treatment, services, or interventions when appropriate.
- The right to participate in planning aftercare activities and referrals to other community services such as spiritual services that may help in recovery or improvement.
- The right to withdraw, at any time, your agreement to an element, or to all elements, in an agreement or plan, and to be advised of the potential risk and impact on your treatment process.

Concerns/Formal Complaints

You, your family, legal guardian, or advocate have the right to initiate a complaint or grievance if you feel that an agency policy, procedure, or action has infringed upon your rights without fear of retaliation or being subjected to any adverse conditions (these types of disclosures are further defined in the Grievance Procedure, which is provided to you along with this document).

Client Responsibilities

Your responsibilities as a client are to:

- Provide accurate information about yourself that is relevant to your treatment.
- Participate in treatment planning.
- Ask for clarification and/or freely state your opinion if you do not understand what your therapist is saying.
- Be familiar with your rights, responsibilities, and treatment.
- Come to sessions in an alcohol and drug free condition.
- Pay copays and any fees that you have agreed to per your signature on the Client Fee Agreement. If there is a change in your financial situation, please inform your therapist or the Office Manager immediately.
- Attend all appointments or give adequate prior notice of cancellation per your signature on the Attendance Policy.
- Inform your therapist of any decision and reasons to end services earlier than planned.
- Respect the privacy of other clients of Sunbeam Family Services.
- Assist in making the service environment safe and humane for all people by not using threatening, aggressive or inappropriate behaviors towards staff or other clients.
- Not to bring weapons onto any Sunbeam property.

Not to use tobacco products at Sunbeam Family Services facilities



CLIENT GRIEVANCE PROCEDURE

It is the policy of Sunbeam Family Services that all clients have the means to file complaints and reach resolution. The conditions for expressing a grievance are defined as dissatisfaction with decisions concerning the client and/or services provided the client.

Clients have the right to file a complaint or grievance without interference or fear of retaliation. All staff members are to be attentive and respectful to any grievance registered by a client and are prohibited from discouraging, intimidating, or seeking retribution against clients who seek to exercise their rights or file a complaint or grievance.

Clients have the right to timely notification of the resolution and receive an explanation of any further appeal, rights, or recourse.

All clients have the right to at least one level of review that does not involve the person about whom the complaint has been made or the person who made the decision under review.

GENERAL PROCEDURES:

1. At the initial assessment, all clients will be informed of their right to make a complaint, the process by which to do so, and the way in which the organization will respond. The client and staff member will sign and date an acknowledgement form which will be maintained in the client's case file and a copy made available to the client.
2. In general, the first step to resolving any client concern or complaint should be to seek informal resolution within the program when a dispute arises. This process may begin with the client's therapist or program Director/Supervisor. If a satisfactory resolution is not achieved at this level, staff should inform the client of his/her right to submit a formal grievance.
 - a. Informal efforts to resolve complaints and grievances should be documented in the client's case record, progress notes, and/or tracking logs as applicable.
 - b. If the client believes for any reason that they cannot approach program staff with their concerns, they may address their concerns directly with the Chief Operations Officer (COO).
3. At the time of a complaint, the client will be offered by staff an additional copy of the client grievance policy. The staff member will review the procedure and clarify any issues for the client. Sunbeam Family Services will acknowledge and document the receipt of all formal grievances.
4. Formal grievances should be submitted in writing to the program Director/Supervisor (receiving supervisor) for review, or as appropriate to the COO. Upon receipt of a grievance the program Director/Supervisor should submit copies of that grievance to the COO.
5. The receiving supervisor/COO should interview the client to discuss his/her concerns directly. The receiving supervisor/COO will document in writing any communication regarding the grievance. This information will be submitted to the COO for review and/or consultation with



the receiving supervisor and the investigation concluded within ten (10) business days, unless impracticable by circumstances outside the COO's control. Clients will be informed of any delays.

6. Upon conclusion of the investigation, the COO shall meet with the client to review conclusion actions taken, if any. Clients will not be informed of any specific employment actions against staff persons resulting from the grievance.

7. At this point in time if the client remains dissatisfied with the outcome, they may make one final appeal by submitting a formal, signed and dated written statement to the CEO.

8. The CEO shall determine the final Agency disposition regarding the grievance and communicate the disposition in writing to the client within fifteen (15) days of receipt of the appeal.

9. Assistance in writing and submitting grievances and appeals shall be made available by the agency.

10. Copies of all correspondence regarding the grievance will be submitted to the COO as documentation of the resolution of the complaint.

11. All clients/families have the right to initiate a complaint with any of the agencies that license or fund the agency's programs (e.g.: COA, United Way, VOCA, etc.) In instances where the client wishes to forward a complaint to an outside authority, staff is to provide the client with assistance including pens, paper, postage and access to a telephone upon request.

12. Results from all written grievances/complaints will be forwarded to the COO. A quarterly summary of client/family complaints will be prepared for review by the Performance Quality Improvement Committee.

13. As required, legal counsel will be sought to intervene in situations that are not successfully resolved through the prior avenues. Sunbeam Family Services will not in any way restrict, discourage or interfere with client communication with an attorney for the purpose of filing a complaint.

14. Should any complaint warrant further investigation beyond the scope of this policy, Sunbeam Family Services will communicate with the client/family making the complaint.



CONSENT FOR SERVICES

Consent for Treatment extended to Sunbeam Family Services, Inc.

- I/ We authorize Sunbeam Family Services, Inc. to administer treatment to me and to continue such treatment as deemed professionally necessary.
- I/ We agree to be actively involved in the treatment plan as developed together with the counselor.
- I/ We understand that no guarantees have been provided to me as to therapeutic outcomes; however, I understand that my participation and active input can increase the potential to meet therapeutic goals.
- I/ We consent to contact after discharge for the purpose of improving quality care; this may include client satisfaction surveys or post-treatment telephone call.

Acknowledgments and Signatures

- I/ We have signed a *financial agreement*. I understand if I have problems paying the set fee I can discuss this with the counselor, clinical director, or intake coordinator.
- I/ We have received a copy of the *Client's Rights* Form and will receive a copy of this *Confidentiality /Consent for Services* form.
- I/ We further acknowledge that this consent was fully explained to me and this informed consent is given of my own free will.

Consent for Services- Children under 18.

- I/ We give permission as a parent or custodian for the above named child to be seen at Sunbeam Family Services, Inc for outpatient counseling. I authorize that I have custody of the child (under age 18) and have legal authority to sign for said child (*if applicable*)
- I/ We understand I may revoke this consent at any time, with written notification, to the therapist and Sunbeam Family Services, Inc. at least five (5) working days prior to the final scheduled session. (The agency requires five days before activating the revocation of consent in order to have a final termination session with the child/minor.) Specifications of the date, event or condition upon which this consent expires:



DISTANCE PROFESSIONAL SERVICES CONSENT FORM

To improve access to your (or your child's) services at this time, Sunbeam Family Services, Inc. (Sunbeam) is offering to provide some services to you (or your child) remotely. Sunbeam refers to these as "distance professional services".

- *Distance professional services* involve the use of electronic or other means (e.g., telephones or computers) to provide services including but not limited to: outreach, counseling, case / care management.

Methods for the provision of distance professional services include the following:

- *Telephone-based.* These are services provided via telephone.
- *Video-based.* These are services in which communication is received via video and audio mechanisms (i.e. computers) typically via the internet.

Authorization.

- Your authorization is required to receive distance professional services from Sunbeam.
- Sunbeam staff must be approved by Sunbeam's CEO, or designee, before providing services authorized by you.

Possible Risks. As with any communication, some risks of distance services include:

- Information may not be sufficient (e.g. poor resolution or audio) to allow for the provision of services;
- Delays in services could occur due to deficiencies or failures of equipment.
- Information you communicate via the internet may not be secure if you choose to communicate via unsecured WiFi or other network.
- Other persons may overhear / observe your communications if you do not ensure privacy on your end.

Responsibilities.

- You agree to safe use of electronic devices. Failure to do so (i.e. driving at time of service) will result in appointment cancellation by provider and may delay progress towards service goals.
- You agree to be in the state of Oklahoma at the time of service and to discuss options for out-of-state care with your provider.
- You agree to maintain appropriate appearance/dress and conduct as though receiving in-office services.

By signing this form, I understand and acknowledge the following:

1. Federal and state laws that protect my confidential information also apply when this information is shared through distance professional services.
2. I am responsible for any access to my confidential information resulting from persons I allow to be present or nearby when receiving distance professional services.
3. I have the right to withhold or withdraw my consent to the use of distance professional services at any time, without affecting my right to future care or services from Sunbeam.
4. If I am consenting for a child/dependent, I have the legal capacity to execute this consent.

I have read and understand the information provided above regarding distance professional services. I hereby voluntarily give my informed consent for the use of distance professional services with Sunbeam.



CONFIDENTIALITY OF CLIENT RECORDS

Your clinical records and treatment information are considered confidential and are protected by state statutes and federal privacy regulations, including the Health Insurance Portability and Accountability Act (HIPAA). Sunbeam will only release your confidential information when we have your express written consent (or of your legal guardian, including state child care agency with legal custody of a child), OR if Sunbeam is allowed or required by state or federal law, or valid court order, to disclose your information.

Oklahoma statutes under Title 43A allow Sunbeam to use and disclose your information without your consent for the following reasons:

1. Disclosure to carry out another provider's own treatment, payment, or health care operations. Such disclosures shall be limited to mental health information and shall not include substance abuse information;
2. Communications to law enforcement officers regarding information directly related to the commission of a crime on Sunbeam premises or against Sunbeam personnel, or a threat to commit such a crime;
3. A review preparatory to research, research on decedent's information or research conducted when a waiver of authorization has been approved by either an institutional review board or privacy board;
4. Communications pursuant to a business associate agreement, qualified service organization agreement or a qualified service organization/business associate agreement as defined and permitted by federal law.
5. Reporting under Oklahoma law incidents of suspected child abuse or neglect to the appropriate authorities; provided;
6. Disclosure of consumer-identifying information to medical personnel who have a need for information about a consumer for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention;
7. Communications necessary for audit and evaluation activities;
8. Reporting of such information as otherwise required by law;
9. Disclosure to professional licensure boards investigating alleged unethical behavior towards a patient;
10. Disclosure to the parent of a minor for the purpose of notifying the parent of the location of his or her child;
11. Mental health records may be disclosed to parties in a judicial or administrative proceeding in cases involving a claim for personal injury or death against any practitioner of the healing arts, a licensed hospital, or a nursing facility or nursing home licensed pursuant to Section 1-1903 of Title 63 of the Oklahoma Statutes arising out of patient care, where any person has placed the physical or mental condition of that person in issue by the commencement of any action, proceeding, or suit for damages, or where any person has placed in issue the physical or mental condition of any other person or deceased person by or through whom the person rightfully claims;
12. Disclosure of consumer-identifying information when it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody and the release is to a law enforcement authority for the purpose of identification and apprehension. Such disclosures shall be limited to mental health information and shall not include substance abuse information; and
13. When failure to disclose the information presents a serious threat to the health and safety of a person or the public.

Please refer to Sunbeam's Notice of Privacy Practices for more information regarding how your information is protected.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH, ALCOHOL AND OTHER DRUG RELATED 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 regarding this notice, please contact Sunbeam's Privacy Officer at (405) 528-7721.

WHO WILL FOLLOW THIS NOTICE. This notice describes Sunbeam's practices and that of:

- All Sunbeam staff (employees, volunteers, students), and independent contractors of Sunbeam;
- All Sunbeam entities, sites, and locations follow the terms of this notice and may share protected health information (PHI) with each other in the manner described in this notice.

LEGAL DUTY TO SAFEGUARD PHI. We respect your right to privacy regarding the services you receive through Sunbeam Family Services. Protected health information (PHI) includes information about you, including demographic information that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. Sunbeam provides many safeguards to protect your right to confidentiality. We create records to document the services you receive from Sunbeam Family Service. We need this record to provide you with quality care and to comply with certain legal requirements. We will obtain your consent any time it is required, giving Sunbeam permission to use or disclose your PHI. You may revoke your consent at any time by notifying your Sunbeam provider. This notice applies to all your records generated by Sunbeam regarding your care at Sunbeam. This notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by federal, state and local law to:

- Make sure that PHI that identifies you is kept private;
- Give you notice of our legal duties and privacy practices with respect to PHI about you;
- Give you notice in the event of any breach of unsecured PHI about you; and
- Follow the terms of the notice of privacy practices that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU. The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosure, we will explain what we mean and try to give an example.

Used and Disclosures which do NOT require your authorization:

For treatment. We may use your PHI to provide you with mental health or other services. We may share this information with therapists, case managers, or other Sunbeam staff involved in helping serve you at Sunbeam. For example, different areas of Sunbeam may share PHI about in order to coordinate different services you may want or need within Sunbeam. We also may disclose your PHI for the treatment activities of any other health care providers with your consent, unless otherwise permitted by law.

For payment. We may use and disclose PHI about you so that services you receive at Sunbeam may be billed to and payment may be collected from you, an insurance company or a third party, including Medicaid and/or Medicare. For example, we may need to give your health plan information about the services you received so that your health plan will pay us or reimburse you. We may also disclose PHI to your health plan, insurance company, HMO, or utilization review contractor to obtain prior approval or to determine with your services will be covered.

For operations. We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to run Sunbeam and make sure Sunbeam clients receive quality care. For example, we may use PHI to review our services and to evaluation the performance of our staff in caring for you.



Business Associates. We may disclose your PHI to other entities that provide a service to Sunbeam or on our behalf that requires the disclosure of client PHI. Sunbeam will only make disclosures to these Business Associates (BA) if we have received satisfactory assurance that the BA will properly safeguard PHI. For example, we may contract with another entity to provide billing or other contracted services. All BA are required to comply with privacy and security protections in the Health Insurance Portability and Accountability Act (HIPAA).

Disclosures which are made WITHOUT your Consent

Required by law. We will disclose information about you when required to do so by federal, state, and/or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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 the threat.

Workers' Compensation. We may release your PHI to your employer or his/her designee for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability;
2. To report deaths;
3. To report child abuse or neglect;
4. To report reactions to medications or problems with products;
5. 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;
6. To notify the appropriate government authority if we believe a client has been the victim of abuse or neglect.

Health Oversight Activities. We may disclose identifying information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure and inspections. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Accrediting Organizations. We may disclose PHI to an organization that Sunbeam has contracted with for purposes of accreditation such as Council on Accreditation (COA), Oklahoma Health Care Authority (OHCA), Department of Human Services (DHS), etc.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court order. We may also disclose your PHI in response to a 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 PHI if asked to do so by a law enforcement official, including.

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct; and
5. About criminal conduct at any Sunbeam facility or against any Sunbeam staff member while performing duties as a Sunbeam staff member.

Research. We may use or disclose your PHI for research purposes in limited circumstances. We will ask for your specific permission if the researcher will have access to your name, address, or other identifying information, or will be involved in your care at Sunbeam.

Coroners, Medical Examiners and Funeral Directors. We may release PHI 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 PHI about clients of Sunbeam to funeral directors as necessary to carry out their duties.

Military, National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. If you are a member of the armed forces, Sunbeam may disclose your PHI as required by military command authorities.

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

Inmates. If you are an inmate of a correctional facility or under the custody of law enforcement official or agency, we may disclose PHI about you to the correctional facility or law enforcement official or agency.

YOUR RIGHTS REGARDING CLIENT INFORMATION ABOUT YOU.

You have the following rights regarding PHI we maintain about you:

Right to inspect and copy. You have the right to inspect and copy of your PHI. To request access to your PHI, you must submit a written consent to Sunbeam. You may receive this information on paper, or in the electronic format that you prefer if the information is readily available in that format. If you request access to or a copy of your PHI, we may charge a fee authorized by statute. We may deny your request to inspect and copy in certain circumstances. If your request is denied, you will receive a written explanation for the denial, and you may request that the denial decision be reviewed. A licensed health care professional chosen by Sunbeam will review your request and denial decision. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review

Right to Amend. If you believe that PHI we have about you 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 Sunbeam. Your request must be made in writing and submitted to your primary Sunbeam provider. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. 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 PHI kept by or for Sunbeam;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we made for the six (6) years prior to the date you submit your request. This is a list of disclosures we made of PHI about you for purposes other than treatment, payment, or healthcare operations. The list of disclosure also will not include any disclosure made to you of your own information, disclosures required or permitted by law, information disclosed pursuant to your authorization, and disclosure for national security or intelligence purposes. To request this list of accounting of disclosures, you must submit your request in writing to your primary Sunbeam provider. The first list you request in a twelve-month period will be free. For additional lists, we may charge you the cost 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 or limitation on the PHI we use or disclose about you for treatment, payment or business operations. You also have the right to request a limit on the information we disclose about you to someone involved in your care or the payment for your services, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is necessary to provide you with emergency services.



To request restrictions, you must make a written request to Sunbeam. In your request, you must state

1. what information you want to limit,
2. whether you want to limit our use, disclosure or both, and
3. to whom you want the limits to apply, for example, disclosures to your spouse.

You also have a right to request that we restrict disclosures to a health plan or insurance company if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you (or a person other than the health plan or someone else on your behalf) have paid Sunbeam in full. We cannot deny this request for a restriction.

Right to Request Communications in a Certain Manner. You have the right to request that we communicate with you about service 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. Some Sunbeam programs may offer to communicate with you through secure email or a secure web-based system. While Sunbeam can ensure that such messages are secure at the time of sending and once received by Sunbeam, Sunbeam cannot ensure that such communications when received or stored by your mobile phone, your computer, your internet service provider, or your mobile telephone carrier or when such communications are transmitted through such carriers will remain secure. If you choose to utilize these methods of communication offered by Sunbeam by initiating communication by these methods, Sunbeam will understand that you acknowledge the potential risks. You have the right to opt out of such communications at any time by providing Sunbeam a written request. To request a certain manner of communication, you must make your request in writing to Sunbeam. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Copy of this Notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please contact your primary Sunbeam provider.

CHANGES TO THIS NOTICE. We reserve the right to change this notice. We reserve the right to make revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our Sunbeam's administration office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted to Sunbeam for services or treatment you will be provided a copy of the current notice in effect.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with Sunbeam or with the Secretary of Health and Human Services. To file a complaint with Sunbeam, contact the Privacy Officer at (405) 528-7721. We will not retaliate against you for filing a complaint.

OTHER USES OF PHI. Other uses and disclosures of PHI not covered by this notice or applicable laws will be made only with your written authorization, including any fundraising requests or any proposed sale of your PHI by Sunbeam. If you provide us with authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.