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Your Room Guide

Telephones

Telephones are provided in each room, except in the Intensive Care Unit. Patients may receive calls in their rooms at any time. Your family and friends may call your patient room directly by dialing 379-6 + your room number. Long-distance calls cannot be charged to your room. You may make long-distance telephone calls charged to a major credit card or to a telephone company calling card or you may make collect calls. Dial 8 + 0 + area code and the telephone number. At the tone, input your calling card number or wait for the operator. You may call the hospital operator by dialing 0 for assistance.

Cellular Phones

Cellular telephone usage by patients and guests is allowed throughout the hospital. Be mindful of others when using your cell phone. Occasionally hospital staff may ask you not to use your cell phone while routine or emergency health-care is being provided.

Interpreters

The hospital has access to interpreters for foreign languages should a patient require it. Ask your nurse for assistance.

For the Hearing Impaired

Telecommunications Devices for the Deaf (TDDs) are available for hearing-impaired patients. If you need a TDD, ask your nurse to call extension 5121.

Food & Nutrition

Wholesome, nourishing and well-balanced meals are an important part of your treatment and recovery. Jackson County Memorial Hospital makes every effort to provide nutritious meals that are prepared according to your doctor's orders.

Dietary Room Service

Patients need to order their meals and snacks from the kitchen between 7:00 am to 6:30 p.m. by calling 5165. Occasionally your meal may be delayed if you are scheduled for a special test or treatment. Whenever possible, you can order your meal after your examination or test. If you are on a special diet prescribed by your doctor, you will receive meals tailored to your specific needs. Call 5165 between 7:00 am to 6:30 pm to order your meal with the Food and Nutrition Department.

Cafeteria

The cafeteria at Jackson County Memorial Hospital is open daily from 6:15 a.m. until 6:30 p.m. Breakfast is served from 6:15 to 8:30 a.m. Lunch is served from 11:00 a.m. to 1:30 p.m. and dinner is served from 5:00 to 6:30 p.m. Visitors are welcome to eat in the cafeteria at any time it is open.

Vending Machines

Vending machines for snacks and beverages are located on the ground floor next to the cafeteria and also in the second floor Surgical and ICU waiting area.

Snack Bar

The Snack Bar serves a variety of snacks, coffee, soft drinks, sandwiches and specialty food items. The Snack Bar is staffed by the JCMH Auxiliary Volunteers. Monies support the hospital's mission and patient care. Extension 5763.

Fire Drills and Other Emergencies

For your protection, the hospital conducts fire and disaster drills regularly. If a drill occurs while you are here, please remain in your room and do not become alarmed. The hospital is a fire-resistant building, and the staff is trained in fire protection. In the event of an emergency, remain in your room and the nursing staff will provide you instructions as to what actions to take.

Fall Prevention

JCMH's highly trained staff will work to ensure you are receiving the best care while keeping you safe. If you are identified as a fall risk, you will see a yellow or red star, depending on your fall risk score, placed in your room and on your door. You will also see a yellow dot on your wrist band. These are all fall risk identifiers. We also may use a bed alarm on your bed and chair to let us know if you are getting up without our help. Your safety is very important to us. So please remember to: CALL... DO NOT FALL

Visiting Hours

Regular visiting hours are from 7:00 a.m. to 9:00 p.m. daily. The number of visitors may be limited depending on the condition of the patient. After 9:00 p.m., visitors must sign in at the Admissions Office and wear a visitor's pass. Parents are encouraged to stay with their pediatric patient overnight and to participate in their child's care.

Tobacco Policy

Jackson County Memorial Hospital is tobacco-free. The use of all tobacco products (cigarettes, e-cigarettes, cigars, pipes, and smokeless tobacco) is prohibited. This applies to all employees, patients, physicians, volunteers, visitors, vendors, and the public.

It includes all buildings and properties owned or leased by JCMH or affiliates of JCMH. For assistance with smoking cessation, call 1800 QUIT NOW or go to okhelpline.com.

Medications

All medications you take while in the hospital are prescribed by your doctor, dispensed by the hospital pharmacy and administered by a nurse. Patients are not permitted to administer their own drugs or keep personal medications at their bedside unless specifically ordered by their physician.

Wheelchairs

Wheelchairs are available on all nursing units, but getting in and out of them without assistance may be hazardous. Please ask for help from a member of the hospital staff.

Valuables

Patients are asked to not bring items of value to the hospital. If items are brought, they should be given to the Admissions staff to be secured. Inform the nurses caring for you it should be deposited in the safe in the Admissions Office. Keep your eyeglasses, dentures, and hearing aids in a con-

tainer specifically designed for them. The hospital does not accept responsibility for items of value unless they are deposited in the hospital's safe. The hospital's Security staff assists with lost & found items, call extension 5912.

Your Hospital Team

Our Mission and Values

Mission: To be the best place for patients to receive care, employees to work and physicians to practice medicine.

Vision: To be the provider of choice for quality patient care, offered in a safe and professional environment by engaged staff members who are committed to excellence and compassionate care, resulting in operations sustainability and growth.

Value: To serve the residents of southwest Oklahoma and north Texas by meeting and/or exceeding community health care needs and expectations, by providing high quality care while focusing on patient safety and ethical standards in a fiscally responsible manner, in accordance with established and future regulatory compliance guidelines.

The Medical Staff

Physicians at Jackson County Memorial Hospital are licensed and credentialed to care for our patients. The physician caring for you is the coordinator of your treatment plan and he or she needs to be consulted if you have questions about your illness and admission.

The Nursing Staff

A team of professional registered nurses, licensed practical nurses, nurse assistants, nurse interns and nurse techs provide 24-hour nursing care. A Nurse Manager is responsible for directing and coordinating nursing care on each unit. Please feel free to contact your nurse or the Nurse Manager if you have any questions or concerns.

Calling Your Nurse

A button to call your nurse is located at your bedside. When you press the button, the nurse's station is alerted that you need assistance and a light flashes above your door. A staff member will respond to your signal as soon as possible. Nursing staff wears a certain color of uniform, depending on their nursing title.

- RNs – Hunter Green
- LPNs – Navy Blue
- Nurse Assistants – Maroon
- Unit Secretaries – Teal
- Nurse Interns and Nurse Techs - Grey

Environmental Services

A member of the housekeeping staff cleans your room daily. If there is a housekeeping problem in your room, tell your nurse, and it will be taken care of as soon as possible, or you may call extension 5900.

Pastoral Services

We believe that total patient care demands attention to the spiritual as well as the physical and emotional needs

of each patient. Chaplains are available to assist you, whatever your religious tradition. Your religious or spiritual representative is welcome to visit you while you are here.

Case Management

A Case Management representative is available to assist patients and their families before, during, and after their hospital stay. The Case Management representative helps with patients' referrals to home health care, nursing home placement, counseling services, and obtaining medical equipment. The representative also provides information regarding Advance Directives and Living Wills. You may ask your nurse to contact a Case Management representative or you may dial extension 5340.

Other Personnel

During your stay many other health care professionals, including personnel from the Laboratory, Radiology and Cardipulmonary Departments and Physical and Occupational Therapists, may visit you. In addition, the Jackson County Memorial Hospital team includes many behind-the-scenes employees, such as accountants, engineers, food and nutrition professionals and others who contribute greatly toward your health and well-being while you are here.

Important Phone #'s

To Place a Call

Inhouse Calls:

Dial the last 4 digits of the number.

Local Calls:

8 + seven digit number

Long-Distance Calls:

8 + 0 + (area code) + (seven-digit number) + (credit card number)

Telephone Numbers:

Main Hospital/Operator	379-5000
Admissions	379-5121
Financial Counseling.....	379-5053 or 379-5054
Gift Shop.....	379-5762
Health Link.....	477-1111 or 1-888-840-2554
Information Desk	379-5761
Lost and Found.....	379-5912
Patient Accounts.....	379-5050 or 379-5052
Public Relations	379-5771
Room Service	379-5165
Security	379-5912
Case Management.....	379-5340

Notice of Privacy Practice

Effective Date: 4-14-03

Revised Date 8-20-13

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.

Jackson County Memorial Hospital Authority and all of its affiliated entities (collectively referred to as "JCMH") are committed to protecting your medical information. We are required by law to:

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

What is this document?

This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information.

What does this Notice cover?

This Notice of Privacy Practices applies to all of your medical information used to make decisions about your care that we generate or maintain, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. It applies to your medical information in written and electronic form. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

Who does this Notice cover?

This Notice of Privacy Practices will be followed by all JCMH employees; any health care professional who provides treatment to you at JCMH; and any member of a volunteer group that provides services at JCMH.

What will you do with my medical information?

The following categories describe the ways that we may use and disclose your medical information without obtaining your prior written authorization. Not every use or disclosure in a category will be listed.

If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section below regarding patient rights.

Treatment.

We will use your medical information to provide you with medical treatment and services. We maintain medical information about our patients in an electronic medical record that allows us to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you.

Example: Your medical information may be disclosed to doctors, nurses, technicians, students or other personnel who are involved in taking care of you. We may disclose your medical information for the treatment activities of any other health care providers.

Example: We may send a copy of your medical record to a physician who needs to provide follow-up care.

Payment. We may use medical information about you for our payment activities. Common payment activities include, but are not limited to:

- Determining eligibility or coverage under a plan; and
- Billing and collection activities.

Example: Your medical information may be released to an insurance company to obtain payment for services. We may disclose medical information about you to another health care provider or covered entity for its payment activities.

Example: We may send your health plan coverage information to an outside laboratory that needs the information to bill for tests that it provided to you.

Operations. We may use your medical information for operational or administrative purposes. These uses are necessary to run our hospital/clinic practice and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- Conducting quality assessment and improvement activities;
- Reviewing the competence of health care professionals;
- Arranging for legal or auditing services;
- Business planning and development;
- Business management and administrative activities; and
- Communicating with patients about our services.

Examples: (1) We may use your medical information to conduct internal audits to verify that billing is being conducted properly. (2) We may use your medical information to contact you for the purposes of conducting patient satisfaction surveys or to follow-up on the services we provided. We may disclose medical information about you to another health care provider or covered entity for its operation activities under certain circumstances.

Health Information Exchange. We may participate in a health information exchange (HIE). Generally, an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participation in a HIE, we may share your health information with other providers that participate in the HIE or participants of other health information exchanges. If you do not want your medical information to be available through the HIE, you must request a restriction using the process outlined below.

Business Associates. We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

Example: We may contract with another entity to provide transcription or billing services.

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

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend, family member or legal guardian who is involved in your medical care. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical treatment or services.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Directory. We may include certain information about you in our directory while you are a patient at JCMH. This information may include your name, location in JCMH, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a minister, priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not want to be in our directory, you will need to notify JCMH personnel at registration. A notation will be made on the face sheet indicating restrictions on directory and you will be asked to sign this to verify your wishes.

Research. We may use and disclose medical information about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research. However, there are certain exceptions. Your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Your medical information also may be disclosed to researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization when certain circumstances arise. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Fundraising. We may use medical information about you to contact you in the future to raise money for JCMH. We may disclose medical information to a foundation related to JCMH so that the foundation may contact you to raise money on our behalf. We only will release contact information, such as your name, address and phone number and the dates you received treatment or services at JCMH, the department in which you received services, your treating physician and your health insurance status for fundraising purposes. Each solicitation will include information on how to opt-out of receiving further fundraising communications from JCMH. You also may notify the Privacy Officer at P.O. Box 8190 Altus, OK 73522 or email teristubbs@jcmh.com to opt-out of receiving further fundraising communication.

Can you ever use and disclose my medical information without my authorization? Yes. The following categories describe the ways that we may be required to use and disclose your medical information without your consent. Not every use or disclosure in a category will be listed.

Required by Law. We may disclose your medical information when required to do so by federal, state or local law.

Examples: (1) We may release your medical information for workers' compensation or similar programs. (2) We are required by law to report cases of suspected abuse and neglect. These reports may include your medical information.

Public Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Public Health. We may disclose medical information about you for public health activities intended to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report abuse, neglect or violence as required by law;
- Report reactions to medications or problems with products;
- Notify people of recalls of products they may be using; or
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Food and Drug Administration (FDA). We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.

Law Enforcement. We may release medical information if asked to do so by law enforcement officials:

- In response to a court order, warrant, summons or other 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;
- 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.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical 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 medical information 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.

Military/Veterans. We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

Inmates. If you are an inmate of a correctional facility or under the custody of a law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency.

What if you want to use and/or disclose my medical information for a purpose not described in this Notice?

We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this notice or the laws that apply to us.

If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

Your authorization is required for the following purposes:

- Psychotherapy notes. We must obtain your authorization to use or disclose notes maintained by a mental health professional about a counseling session.
- Sale of Medical Information. We must obtain your authorization virtually any time we intend to sell your medical information, with minor exceptions.
- Marketing. We must obtain your authorization to communicate with you about a particular product or service virtually any time we are paid to make the communication, with minor exceptions.

What are my rights regarding my medical information? You have the rights described below in regard to the medical information that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact our Health Information Management department or Privacy Officer to obtain a form that you can use to exercise any of the rights listed below.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of medical information used to make decisions about your care. We will provide you with access to your medical information in the form or format requested if it is available in such format. We may charge what is permitted by state law for copies of your medical information whether it be in the format of paper, digital or radiology films. We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. 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 feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. You must provide a reason that supports your amendment 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 to amend information that:

- We did not create, unless the person or entity that created the information is not available to make the amendment;
- Is not part of the medical information that we maintain;
- Is not part of the information that 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 one free "accounting of disclosures" every 12 months. This is a list of certain disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.

If you request more than one accounting in a 12-month period, 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 or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. You can request a restriction if you do not want us to disclose your medical information to a HIE.

We are not required to agree to your request unless you are requesting a restriction on the disclosure of information to your health plan and you pay out of pocket for the medical treatment provided. If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you.

In your request, you must indicate:

- The type of restriction you want and the information you want restricted; and
- To whom you want the limits to apply, for example, your spouse.

Right to Request Confidential 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. 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. Copies of this notice will always be available in our Admissions/ Registration Department.

Can you change this notice?

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Copies of the current notice will be posted at JCMH and will be available for you to pick up on each visit to JCMH.

What happens if my medical information is used by or disclosed to a person or entity that should not have access to it?

We are required to notify you of any acquisition, access, use or disclosure of your medical information that is inconsistent with the federal law governing the protection of medical information (known as HIPAA).

What if I have questions or need to report a problem?

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Officer at 580-379-5522 or by email at teristubbs@jcmh.com. The Privacy Officer's mailing address is: Jackson County Memorial Hospital P.O. Box 8190 Altus, OK 73522 Attn: Privacy Officer. To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at: <http://www.hhs.gov/ocr/privacy/index.html> or our Privacy Officer can provide you with current contact information. You will not be penalized for filing a complaint.



JACKSON COUNTY
Memorial Hospital

Joint Commission Accreditation

Jackson County Memorial Hospital is surveyed by The Joint Commission every three years. The JC provides hospitals with survey guidelines and standards that must be achieved in order to become and remain a successfully accredited organization. The process focuses on systems critical to the safety and quality of care, treatment, and services provided by the hospital. JCMH has maintained continuous Joint Commission Accreditation since 1968.



Notice To Patients

YOUR RIGHTS IN OKLAHOMA REGARDING MEDICAL TREATMENT

Jackson County Memorial Hospital respects your rights as a patient. We recognize that each patient is an individual with unique healthcare needs. We are committed to providing reasonable and impartial access to available, medically indicated care, treatment and services. The hospital prohibits discrimination based on age, race, color, ethnicity, religion, culture, language, physical or mental impairment, socioeconomic status, sex, sexual orientation and gender identity or expression.

At Jackson County Memorial Hospital, we work hard to meet your health care needs. Knowing your rights and role can help you make better decisions about your care. This notice is provided to you, as required by federal law, to help you understand your rights and responsibilities as a patient. For patients with language barriers or those who are unable to read, these rights may be interpreted and explained to the best of our ability. If you have questions about any of these rights or questions about your care, please ask for more information.

What are your rights?

- You have the right to be informed about the care you will receive.
- You have the right to get information about your care in your language.
- You have the right to make decisions about your care, including refusing care.
- You have the right to know the names of the caregivers who treat you.
- You have the right to safe care.
- You have the right to have your pain treated.
- You have the right to know when something goes wrong with your care.
- You have the right to get an up-to-date list of all your current medicines.
- You have the right to be listened to.
- You have the right to be treated with courtesy and respect.
- You have the right to choose who may visit you during your stay.
- You have the right to have your chosen visitors enjoy full and equal visitation consistent with your wishes.
- You have the right to know when your visitors may be restricted access based on reasonable clinical needs.

What is your role in your health care?

- You should be active in your health care.
- You should ask questions.
- You should pay attention to the instructions given to you by your caregivers. Follow the instructions.
- You should share as much information as possible about your health with your caregivers. For example, give them information about past illnesses, surgeries or hospital stays. Your caregiver will also need to know about past allergic reactions, and any medicines or dietary supplements (including vitamins and herbs) you are taking.
- You should provide necessary information about your health plan and any network or admission requirements.

Your Right to Make Decisions

If you are of sound mind and at least 18 years old, you have the right to decide what types of medical treatment you want and do not want. Before you make a decision about medical treatment, you have the right to receive the information you need to understand your physical condition and the risks, benefits and alternatives to a proposed treatment. You may express your medical treatment decisions orally or in writing.

Advance Directives (Living Wills)

Medical treatment decisions may need to be made at a time when you are unconscious or are no longer mentally able to make a decision. You may express your wishes in advance in writing concerning the types of medical treatment you desire in case you become unable to tell your caregivers later. These types of documents are known as Advance Directives. If you have signed a Health Care Power of Attorney or a Living Will, give copies to your doctor, the hospital, your caregivers and your care team. If more information is needed about these documents while you are in the hospital, Case Management is available to help. The existence or lack of an Advance Directive does not determine an individual's access to care, treatment or services.

Decisions by Others

Oklahoma law allows you to appoint someone to act as your Health Care Proxy if you become unable to make decisions regarding your medical treatment. If you complete the Advance Directive indicating the appointment of a Health Care Proxy, they are authorized to make whatever medical treatment decisions you could make if you were able. Your doctors have no authority under Oklahoma law to follow medical decisions made by your family members or other interested persons unless they have been designated as your Health Care Proxy.

Respect and Dignity

You have the right to considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity.

Privacy and Confidentiality

You have the right to expect privacy and confidentiality of your protected health information (PHI). As a result of the Health Insurance Portability

Notice To Patients

and Accountability Act of 1996 (HIPAA), employees may use and disclose PHI for treatment, payment and healthcare operations. JCMH is required to limit PHI use and disclose to the "minimum necessary" amount of information required to complete the desired task.

You have the right, within the law, to personal and informational privacy. You have the right to:

- Refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but who are not directly involved in your care.
- Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- Be interviewed and examined in surroundings designed to assure reasonable audiovisual privacy. This includes the right to have a person of your own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex, and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which you were asked to disrobe.
- Expect any discussion or consultation involving your case will be conducted discreetly, and that individuals not directly involved in your care will not be present without permission.
- Have your medical record read only by individuals directly involved in your treatment or the monitoring of its quality, and by other individuals only on your written authorization or that of your legally authorized representative.
- Expect all communications and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential.
- Request a transfer to another room if other patients or visitors are unreasonably disturbing you.
- Expect reasonable safety insofar as the hospital practices and environment is concerned including being placed in protective privacy when considered necessary for your personal safety.

Identity of Care Providers

You have the right to know the identity and professional status of individuals providing service to you, and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship among any individuals who are treating you, as well as the relationship to any other health care or educational institutions involved in your care. Participation by patients in training programs or in the gathering of data for research purposes is voluntary.

Information

You have the right to obtain from your practitioner, responsible for coordination of your care, complete and current information concerning your diagnosis (to the degree known), treatment, and any known prognosis. Your or your designee has the right to be informed about the results of care, including those outcomes that differ significantly from the anticipated results. This information should be communicated in terms you can reasonably be expected to understand. If you are unable to participate in your own treatment and care, your rights are to be exercised by your designated representative or other legally authorized person. The hospital will attempt to contact this person or persons when medical treatment is given and/or when the treatment plans change. There should be documentation in the medical record of this contact and the decisions that arise from the result of this contact.

Communication

You have the right of access to people outside the hospital by means of visitors, and by verbal and written communication.

If you have language barriers, an interpreter service is available to assist in communicating in a manner that you can understand. Resources are also available if you have communication impairments. When it is necessary to restrict communication as a component of your care, the restrictions will be explained and you will be involved in decision-making.

Consent

You have the right to reasonably informed participation in decisions involving your health care. To the degree possible, this should be based on a clear, concise explanation of your condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. You will not be subjected to any procedure without your voluntary, competent and understanding consent or that of your legally authorized representative. When medically significant alternatives for care or treatment exist, you will be informed of those alternatives.

Consultation

You have the right, at your own request and expense, to consult with a specialist.

Refusal of Treatment

You may refuse treatment to the extent permitted by law. When refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the professional relationship with you may be terminated upon reasonable notice.

Restraint or Seclusion

You have the right to be free from physical or mental abuse and corporal punishment. You have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff. Restraint or seclusion may only be imposed to ensure your immediate physical safety, the safety of a staff member or others and must be discontinued at the earliest possible time.

Notice To Patients

Transfer and Continuity of care

You may not be transferred to another facility unless you have received a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility.

You have the right to be informed by the responsible practitioner or his/her delegate of any continuing health care requirements following discharge from the hospital.

Pain Management

You have the right to have your pain managed. Pain assessment and pain management is an important component of your care. Procedures and resources are in place to assure that pain is recognized and addressed appropriately.

End of Life Care

You have the right to optimal comfort and dignity during the terminal state of an illness. These rights include, but are not limited to, treatment or withdrawal of treatment as desired by you or your legal representative, appropriately and aggressively managing pain and responding to the psychosocial, spiritual and cultural concerns regarding death, dying and the expression of grief.

Pastoral Care

Chaplains are available to provide support to you, your family and support persons. JCMH will also make all reasonable efforts to accommodate your preferences regarding personal clergy.

Access to Protective Services

When medically indicated or when you request it, written information is available regarding client advocacy groups. Information for filing a complaint with state survey and certification agencies is provided in this Patient Guide & Handbook.

Hospital Charges

Regardless of the source of payment for your care, you have the right to request and to receive an itemized and detailed explanation of your total bill for services rendered in the hospital. You have the right to timely notice prior to termination of your eligibility for reimbursement by any third-party payer for the cost of your care.

Hospital Rules and Regulations

You should be informed of the hospital rules and regulations applicable to your conduct as a patient. You are entitled to information about the hospital's mechanism for the initiation, review and resolution of your complaints.

YOUR ROLE AND RESPONSIBILITY AS A PATIENT

Provision of Information

You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner and for making it known whether you clearly comprehend a planned course of action and what is expected of you.

Compliance with Instructions

You are responsible for following the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instruction of nurses and allied health personnel as they carry out the coordinated plan of care and implement your doctor's orders, and as they enforce the hospital rules and regulations. You are responsible for keeping appointments scheduled on your behalf.

Refusal of Treatment

You are responsible for your actions if you refuse treatment or do not follow your practitioner's instructions.

Hospital Charges

You are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

Hospital Rules and Regulations

You are responsible for following hospital rules and regulations affecting patient care and conduct.

Respect and Consideration

You are responsible for being considerate of the rights of other patients and of hospital personnel, and for being respectful of the property of other persons and of the hospital.

Other Rights

You may have other rights in addition to those defined here. If you have any questions about your right to make medical treatment decisions, or would like more information about Advance Directives for Health Care, or other matters discussed in this notice, you may ask a hospital Social Worker, your doctor or your lawyer.

Making Choices About Your Healthcare

What treatment options can I choose or refuse?

There are several treatment options you can choose before you need them, but be sure to consider these questions first:

- Would you want a treatment if it kept you alive but did not help you recover?
- What if a treatment option could extend an acceptable quality of life for several more months?

Medical treatment options at the end of life generally fall into three main categories:

- Life Supporting
- Life Sustaining
- Life Enhancing

What are the differences?

Life Supporting uses CPR (Cardiopulmonary Resuscitation) and machines to keep the heart and lungs going when they can no longer work on their own. CPR restarts the heart and lungs after the heart stops beating. A ventilator pumps oxygen into the lungs through a tube inserted in the windpipe.

Life Sustaining care involves treatment and machines to prolong life when the condition can't be reversed or cured. It can include tube feeding and/or kidney dialysis. Dialysis can prolong life but cannot restore kidney function.

Life Enhancing care keeps a person comfortable until death occurs naturally. Nothing is done to artificially prolong life. This can include Hospice care and/or pain medication to keep a person comfortable.

What if I don't want CPR to restart my heart? Will the Advance Directive cover this decision?

If you don't want CPR if your heart stops while you are a patient in the hospital, talk with your doctor about a DNR (Do Not Resuscitate) order. An Advance Directive does not cover whether a person receives CPR or not. This must be an order written on the medical chart.

What is a Durable Power of Attorney for Health Care? Do I need one?

Since it is almost impossible to predict all the treatment decisions a person will make, you may want to appoint someone to make these decisions on your behalf. A Durable Power of Attorney for Health Care lets you name someone (called a proxy) to carry out your wishes.

A proxy CAN do the following:

- Choose or refuse medical treatment for you
- Consent to and stop treatment if your condition doesn't improve
- Have access to and release your medical records

A proxy CANNOT do the following:

- Refuse or withdraw life enhancing care
- Refuse or stop the tube feeding or other life sustaining care unless you have indicated on your Advance Directive that you do not want these treatments.

File a Grievance

Patients may file a grievance regarding care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoPs) or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.

Patients or a patient's representative may file a grievance, either written or verbal, during or after his/her hospital admission by contacting the department manager where the grievance is directed, the Public Relations office or a member of Executive Management. It is the policy of Jackson County Memorial Hospital to address grievances within seven days of the receipt of a written or verbal grievance.

Patients also have the right to file a grievance with the Oklahoma State Department of Health whether or not a grievance is filed with Jackson County Memorial Hospital.

Oklahoma State Department of Health
Protective Health Services, Medical Facilities
1000 NE 10th Street
Oklahoma City, OK 73117
(405) 271-5600, x6576
Toll Free: (800) 522-0203

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
630-792-5000

KEPRO
5700 Lombardo Center Dr., Suite 100
Seven Hills, OH 44131
Toll-free: 855-530-9504

Information For Patients And Their Families

Your Medical Treatment Rights Under OK Law

No Discrimination Based on Mental Status or Disability:

Medical treatment, care, nutrition or hydration may not be withheld or withdrawn from an incompetent patient because of the mental disability or mental status of the patient.

Required by Section 3080.5(B) of Title 63 of the Oklahoma Statutes)

What Are Your Rights If A Health Care Provider Denies Life-Preserving Health Care?

If a patient or person authorized to make health care decisions for the patient directs life-preserving treatment that the health care provider gives to other patients, your health care provider may not deny it:

1. On the basis of a view that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill; or
2. On the basis of disagreement with how the patient or person legally authorized to make health care decisions for the patient values the trade-off between extending the length of the patient's life and the risk of disability.

Required by Nondiscrimination in Treatment Act (Sections 3090.2 and 3090.3 of Title 63 of the Oklahoma Statutes)

Your Rights When Treatment Is Denied for Other Reasons:

If treatment is directed by a patient with decision-making capacity, or by or on behalf of the patient under a valid advance directive:

- The health care provider must, as promptly as practicable, take all reasonable steps to arrange care of a qualified patient by another physician or health care provider willing to comply, and
- Pending completion of the transfer, the health care provider must provide any directed treatment whose denial would in reasonable medical judgment be likely to result in the death of the patient except
 - ⇒ treatment the provider is physically or legally unable to provide
 - ⇒ treatment the provider is physically or legally unable to provide without thereby denying the same treatment to another patient
 - ⇒ the requirement does not change any legal obligation or lack of legal obligation the provider may have to provide treatment, nutrition, or hydration to a patient who refuses or is unable to pay for them

Required by Oklahoma Advance Directive Act (Section 3101.9 of Title 63 of the Oklahoma Statutes)

What If a Health Care Provider Disagrees with Your Direction to Withhold or Withdraw Medical Treatment?

The health care provider must, as promptly as practicable, take all reasonable steps to arrange care of a qualified patient by another physician or health care provider willing to comply.

Required by Oklahoma Advance Directive Act (Section 3101.9 of Title 63 of the Oklahoma Statutes)

What Laws Govern Cardio-Pulmonary Resuscitation (CPR) and Do Not Resuscitate (DNR) Orders?

Every patient is assumed to **consent to CPR** whenever the patient undergoes cardiac or respiratory arrest **UNLESS** the health care provider has actual knowledge of one of the following:

- The patient's medical record accurately records the patient's refusal to consent to CPR, given to the attending physician
- A Do Not Resuscitate (DNR) order under the Oklahoma Rights of the Terminally Ill or Persistently Unconscious Act was executed for the patient
- The patient's valid advance directive directs that life-sustaining treatment not be performed in the event of cardiac or respiratory arrest
- A minor's medical records accurately record the parent or guardian's refusal to consent to CPR for the minor, provided
 - ⇒ if the minor has sufficient understanding and appreciation of the nature and consequences of the refusal and is capable of objecting, the medical record accurately records that the minor has not objected
 - ⇒ in the case of a disabled infant with life-threatening conditions, if in reasonable medical judgment CPR will be most likely to be effective in correcting or ameliorating the life-threatening conditions, in reasonable medical judgment:
 - (A) the infant is chronically and irreversibly comatose;
 - (B) the provision of such treatment would -
 - i. merely prolong dying;
 - ii. not be effective in ameliorating or correcting all of the infant's life-threatening conditions; or
 - iii. otherwise be futile in terms of the survival of the infant; or
 - (C) the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane
- The patient's medical record accurately records refusal to consent to CPR based on the known wishes of the patient by an incapacitated patient's guardian, health care proxy, or attorney-in-fact for health care decisions **AND**

Information For Patients And Their Families

Your Medical Treatment Rights Under OK Law

- ⇒ The reason the guardian, proxy, or attorney-in-fact, rather than the patient, directed the DNR is recorded in the patient's medical record
- ⇒ Prior to the decision, the patient's attending physician has:
 - (A) instructed the guardian, proxy, or attorney-in-fact in writing that he or she is deciding what the incapacitated patient would have wanted if the patient could speak for himself or herself
 - (B) encouraged consultation among all reasonably available representatives, family members, and persons close to the incapacitated patient to the extent feasible in the circumstances of the case
 - (C) whenever possible, explained to the guardian, proxy, or attorney-in-fact and family members the nature and consequences of the decision to be made; evidence of its provision is to be documented in the patient's medical record
- The attending physician for an incapacitated patient without a representative knows by clear and convincing evidence that when competent, on the basis of information sufficient to constitute informed consent, the patient refused to consent to CPR
 - ⇒ "Clear and convincing evidence" includes oral, written, or other acts of communication between the patient, when competent, and family members, health care providers, or others close to the patient with knowledge of the patient's personal desires

A health care provider is not required to begin or continue CPR when, in reasonable medical judgment, it would not prevent the imminent death of the patient.

A health care agency is not required to institute or maintain the ability to provide CPR or to expand its equipment, facilities or personnel to provide CPR, but an agency must communicate in writing to a patient or the patient's representative prior to the person coming under the care of the health care agency that it does not provide CPR.

Required by **Oklahoma Do-Not-Resuscitate Act** (Section 3131.4 of Title 63 of the Oklahoma Statutes) and 42 U.S.C. §§ 5106a(b)(2)(C)(iii) & 5106g(5)

What are Oklahoma's Requirements Concerning Food and Fluids for Patients?

It is assumed that any incompetent patient has directed hydration and nutrition (fluids and food) to a degree that is sufficient to sustain life **UNLESS** their withdrawal or withholding would not be because of the mental disability or mental status of the patient AND:

- the patient's Advance Directive specifically authorizes the withholding or withdrawal of nutrition and/or hydration and the Advance directive:
 - ⇒ is an Oklahoma advance directive (under current or prior law) that is either in the statutory form or that specifically authorizes the withholding or withdrawal of artificially administered nutrition and/or hydration in the patient's own words or by a separate section, separate paragraph, or other separate subdivision that deals only with nutrition and/or hydration and which is separately initialed, separately signed, or otherwise separately marked by the patient or
 - ⇒ is an out-of-state advance directive that was executed by a person who was not a resident of Oklahoma at the time of execution or specifically authorizes the withholding or withdrawal of artificially administered nutrition and/or hydration in the patient's own words or by a separate section, separate paragraph, or other separate subdivision that deals only with nutrition and/or hydration and which section, paragraph, or other subdivision is separately initialed, separately signed, or otherwise separately marked by the person executing the advance directive.
 - ⇒ a court has directed that artificially administered hydration or nutrition be withheld or withdrawn (a court can do so only based on clear and convincing evidence that the patient, when competent, decided on the basis of information sufficient to constitute informed consent to reject them)
 - ⇒ the attending physician knows that the patient, when competent, decided on the basis of information sufficient to constitute informed consent that artificially administered hydration or nutrition should be withheld or withdrawn from the patient
 - ⇒ withholding or withdrawal of hydration or nutrition would not result in death from dehydration or starvation (rather than from the underlying terminal illness or injury) and in the reasonable medical judgment of the attending doctor and a second consulting doctor:
 - (A) the patient is chronically and irreversibly incompetent,
 - (B) the patient is in the final (last) stage of a terminal illness or injury (meaning that, even with the use of medical treatment, the patient is in the dying process and will die within a reasonably short period of time, and
 - (C) the patient's death is imminent

Required by **Hydration and Nutrition for Incompetent Patients Act** (Sections 3080.2 through 3080.5 of Title 63 of the Oklahoma Statutes)

Information For Patients And Their Families

Your Medical Treatment Rights Under OK Law

Whom Can You Contact If You Suspect a Health Care Provider Is Violating Your Rights under the Laws Described in this Disclosure Statement?

Report suspected violations of any of the laws summarized in this brochure listed above, or attempts to violate any such laws, to the state Licensing Board of the profession(s) of all health care providers involved in the violation.

Oklahoma Board of Medical Licensure and Supervision

www.okmedicalboard.org

405- 962-1400

1-800-381-4519 (Toll free outside the 405 area code)

Oklahoma Board of Osteopathic Examiners

www.ok.gov/osboe/

405- 528-8625

Oklahoma Board of Nursing

www.ok.gov/nursing

405-962-1800

If you are unsure which profession or Licensing Board applies to a particular health care provider, you may call the Oklahoma Board of Medical Licensure and Supervision at 405-962-1400, or outside the 405 area code, call toll-free 1-800-381-4519

Pursuant to state law (Title 63, Okla. Stat. Ann, Section 3163B), any entity to which the requirements of the federal Patient Self-Determination Act under Medicare or Medicaid [42 U.S.C., Section 1395cc(f) or 42 U.S.C., Section 1396a(w)] apply shall, at the time of providing the written information relating to advance directives required by 42 U.S.C., Section 1395cc(f)(1)(A)(i) or 42 U.S.C., Section 1396a(w)(1)(A)(i), include a copy of this disclosure statement with the materials federal law requires be provided to the patient or the patient's representative.

Bedside Report

To our Patients,

At Jackson County Memorial Hospital, we conduct a Bedside Report to keep you informed of and involved with your plan of care, medications, tests and progress while you are a patient. This process involves the nurses giving the bedside report in your presence at each change of shift to ensure proper communication of all important information about your care and to introduce you to the next nurse who will continue your care.

In the event that you have visitors in the room at the time of Bedside Report, or anytime you feel uncomfortable about any information being discussed, please let your nurse know and visitors will be asked to briefly step out of the room. If you are sleeping at change of shift report time, a nurse will "check" on you but the verbal report will be done elsewhere to permit your continued rest, unless you have asked us to wake you up to be involved in the report.

We know that the Bedside Report will benefit you, the patient, by keeping you better informed of your condition. It also allows us to continue to maintain the high quality of care that you expect as a patient at Jackson County Memorial Hospital. If you have any questions or concerns, you can ask your nurse to speak with the unit Nurse Manager or the House Supervisor.

Lost & Found

Any unclaimed items that are found will be taken to the JCMH Safety and Security office. This office can be reached by calling 379-5912.

Reduce Your Risk Of Falling

Accidental falls may occur in the hospital. These accidents are distressing to Jackson County Memorial Hospital employees as well as to the patient. This sheet has been prepared in the hope that by working together, falls may be prevented.

YOU MAY FALL IN THE HOSPITAL BECAUSE...

1. Medications such as sleeping pills, pain relievers, tranquilizers, diuretics or blood pressure pills may cause dizziness, weakness and/or disorientation.
2. At night, the hospital may seem foreign and unfamiliar to you, increasing the risk of falling.
3. The nature of your illness, enemas, long periods without food, laxatives, or special tests your doctor ordered may leave you unsteady.

PLEASE FOLLOW THESE GUIDELINES:

1. Activity may be restricted by your physician's orders. Please follow the nurse's instructions regarding safety precautions.
2. When you need assistance, please press your call light. The nurse will come as soon as possible. You are more likely to faint or feel dizzy after sitting or lying a long time, so please wait for the nurse to assist you. It is wise to sit up in bed before standing up even when you have help available.
3. Rubber-soled or crepe-soled slippers are recommended in the hospital because they are nonskid.
4. Every effort is made not to use restraints. If restraints are in use and need adjustment, ask the nurse. Side rails/restraints are reminders to stay in bed and are designed to ensure the safety of the patients.

By following these suggestions, you can work with us to reduce your risk of falling.

Controlling Your Pain

Are You in Pain?

As a patient at this hospital, you can expect:

- Information about pain and pain relief measures
- Concerned staff committed to pain prevention and management
- Health professionals who respond quickly to reports of pain
- Reports of pain will be believed
- State-of-the-art pain management

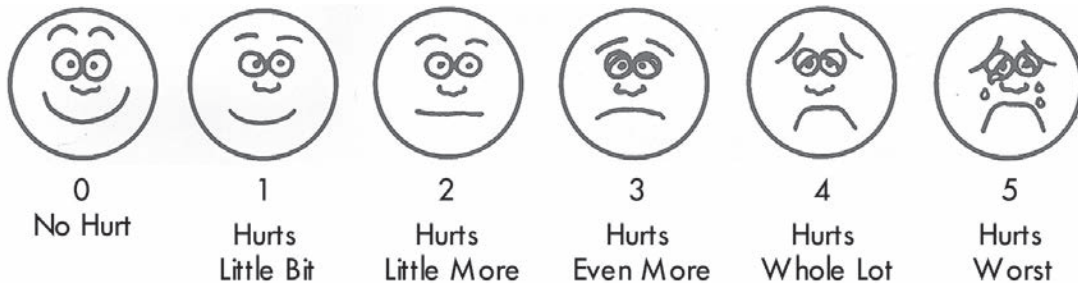


Patient Responsibilities

As a patient at this hospital, we encourage you to:

- Ask your doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your doctors and nurses
- Work with your doctor and nurse to develop a pain management plan
- Ask for pain relief when pain first begins
- Help your doctor and nurse assess your pain
- Tell your doctor or nurse if your pain is not relieved
- Tell your doctor or nurse about any worries you have about taking pain medication

Wong-Baker FACES® Pain Rating Scale



Planning Your Follow-up Care

Before leaving the hospital, you should be given written instructions about your follow-up care. This brochure provides questions to help you get the information you need for the best follow-up care.

What should you do before leaving the hospital?

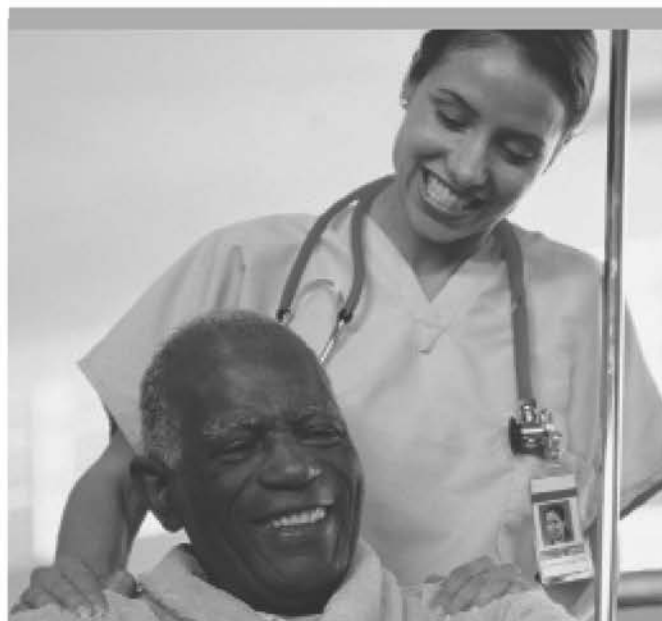
- q Find out if the hospital has a discharge planner, social worker or nurse who can help plan your follow-up care.
- q Ask a family member or friend to help plan your follow-up care. They can be your advocate. An advocate can ask questions that you may not think about or be able to ask.
- q You or your advocate should write down questions, answers and reminders about your follow-up care.
- q Ask if there is a number to call if you have questions. Can you talk to someone 24-hours a day, seven days a week?

What if you have trouble understanding the language used in the instructions?

Ask for a translation or an interpreter. You have the right to get important information about your care in your preferred language.

You feel overwhelmed by the follow-up care you need. What can you do?

Ask about referrals for home care services or a skilled nursing facility. Find out about payment options, including whether financial help is available. Use a service or organization that has been carefully evaluated or accredited. "Accredited" means it follows rules that guide safe and quality patient care. Go to Quality Check® at www.quality-check.org to find Joint Commission accredited health care organizations.



Questions to ask about your condition

- q How soon should you feel better after leaving the hospital?
- q Will you be able to walk, climb stairs, go to the bathroom, prepare meals and drive?
- q Are there any special instructions for daily activities? For example, should you take a shower instead of a bath?
- q How much help will you need after you leave the hospital? Should someone be with you 24 hours a day?
- q What signs and symptoms should you watch for? If you have them, what should you do?
- q Will you need any special medical equipment at home? Where can you get the equipment? Is it covered by your insurance, a government program, or other health plan?
- q Will you need physical therapy? Are there any exercises you need to do? If so, get written instructions.
- q Can you get home health or hospice services if you need them?
- q If you have wounds, how do you take care of them? How long should it take them to heal?
- q Will you need to have any follow-up tests? Who should you contact to get the test results?
- q Will you need to schedule follow-up visits with your doctor?
- q When can you expect to go back to work?

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Questions to ask about your medicines

- q What medicines will you need to take at home? Get a written list that includes all of your medicines. Take this list with you when you go for follow-up care.
- q What if you have had a reaction to other medicines? Tell your doctor or nurse about these reactions and any allergies you might have.
- q Can you get written instructions about your medicines? Make sure you understand the instructions. Ask questions if you do not understand.
- q What should you do if you miss a dose?
- q Are there any side effects of the medicines? What should you do if you have side effects?
- q Are there any medicines, vitamins or herbal supplements that you should not take with your medicines?
- q Should you avoid any foods, drinks, or alcohol while taking your medicines?
- q Is there a pharmacy that can deliver medicines to your home?

www.jointcommission.org

For more information

National Alliance for Caregiving

www.caregiving.org
301-718-8444

Centers for Medicare & Medicaid Services

Your Discharge Planning Checklist
<http://www.medicare.gov/Publications/Pubs/pdf/11376.pdf>
800-MEDICARE

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.

Helping health care organizations help patients

The goal of the Speak Up™ program is to help patients become more informed and involved in their health care.

Patient And Consumer Health Portal

Jackson County Memorial Hospital is pleased to provide you with access to your health information through our Patient and Consumer Health Portal, JCMH Patient Portal. By registering for our patient portal you can:

- View information about upcoming appointments including but not limited to appointment date and times, appointment location, procedure instructions and directions to the facility or location.
- Access to dates and information regarding recent visits or services.
- Access your reported medications or allergies.
- Access Lab and Radiology results.
- Update your address, contact information, next of kin, person to notify and insurance information.
- Send and receive secure messages with JCMH providers who are setup for messaging.

The **JCMH Patient Portal** is an online tool that goes a step beyond simply displaying information by helping you manage your healthcare easily and securely.

We understand that your time is valuable. The Portal makes time-consuming tasks simple... a few clicks, and you're done. You can access health information online, versus over the phone or in person.

To get started complete the JCMH patient Portal Registration form attached to this document. Give the registration form back to a JCMH nurse, take it to the JCMH Admissions area or take it to the JCMH Health Information Management (Medical Records) Department. You may keep the Terms and Conditions and User Agreement for your records.

Have questions???? Review the FAQ on the back side of this document or call the number below.

We look forward to serving you through the **JCMH Patient Portal**.

FAQs: You Have Questions, We have Answers

Where does my health information in the JCMH Patient Portal come from?

All of the information in the Portal comes from your Jackson County Memorial Hospital or JCMH Clinics Electronic Health Record. This ensures that you have access to the most accurate, up-to-date information possible.

Who can have access?

Initially the JCMH Patient Portal is being offered to all JCMH patients that are over 18 years of age that have been admitted as a patient to JCMH. In the next few months we will offer access to additional patients that have had services at Jackson County Memorial Hospital or a JCMH Clinic. Some limitations will apply. See the JCMH Patient Portal User Agreement and Terms and Conditions for more information.

Do I have to have an email address?

Patients that want access to the JCMH Patient Portal must have Internet access and a valid email address.

How do I get access and log into the JCMH Patient Portal?

Access to the JCMH Patient Portal is simple. Complete the JCMH patient Portal Registration form and give it back to a JCMH Nurse, take it to the JCMH Admissions area or take it to the JCMH Health Information Management (Medical Records) Department. Once the setup is complete, an email with login instructions and the URL for the portal will be sent to the email address on the form.

Can my family access my Portal?

Yes, you can give family members, such as parents or healthcare proxies, access to your Portal. The patient and family member must go to the JCMH Health Information Management Department to get setup.

Is my information safe?

Yes. Portal passwords are encrypted and URLs are re-written so that they cannot be copied and pasted. You and authorized family members are the only ones who can access your Portal. Also, a timeout feature protects your information if you leave the Portal page open.

What if I ever have technical problems with the Portal?

There is a Contact Us section on the homepage of the Portal that allows you to submit any questions you have regarding the Portal. You may also call 580-379-5550 or 580-379-5027.

EXPERTISE. FAST.



JACKSON COUNTY

Memorial Hospital

JCMH is committed to providing high quality and compassionate care to our patients.

JCMH has implemented a Rapid Response Team known as FAST (Fast Action Support Team) as another way to provide the best possible care. The team enables us to respond more quickly to changes in a patient's condition - often before a medical emergency such as a heart attack occurs.

The team is made up of highly trained individuals and includes experienced ICU nurses, Respiratory Therapists, and House Supervisors. If it appears that a patient is quickly getting sicker, the team is called and takes action.

At JCMH, we are leading the national focus on eliminating system problems that affect delivery of care.

WHEN TO CALL THE FAST TEAM:

- If a noticeable medical change in the patient occurs and the health care team is not recognizing the concern.
- If after speaking with a member of the healthcare team (i.e. nurses, physicians) you continue to have serious concerns on how care is being given, managed or planned.

Can a patient or family member activate the FAST TEAM?

Yes. If you notice the patient becoming sicker very quickly, contact the patient's nurse or contact the FAST TEAM.

To access the FAST TEAM, call 0 and ask the Operator to call the FAST TEAM, and activate your call light. The operator will immediately activate a FAST TEAM and team members will respond promptly to evaluate the patient.

Warning signs that may indicate a patient is getting sicker include:

- Changes in heart rate
- Difficulty breathing on their own
- A drop in blood pressure
- A marked decrease in fluid intake
- Confusion, agitation, or other mental status changes

Home Health Agencies

ACCOLADE HOMECARE SERVICES

Sayre, OK580-928-9280
Shamrock, TX806-256-1100

ADVANCED HOME CARE SERVICES

Weatherford, OK580-772-1000

AGAPE' HOME HEALTH AGENCY, INC.

P.O. Box 1553, 207 S.W. C
Lawton, OK 73502580-351-2273

ANGELS CARE HOME HEALTH

Altus, OK.....580-477-2200

ASPIRE HOME HEALTH CARE

Southern, OK.....866-279-3975

CARTER HEALTH CARE

Altus, OK.....580-482-5600
Oklahoma City, Norman,
Tulsa, & Yale.....888-951-1112

CHILDRESS REGIONAL MEDICAL CENTER

Hwy 83 North
Childress, Texas940-937-2500

COLLINGSWORTH HOME HEALTH

P.O. Box 1112
Wellington, Texas.....806-447-2541

COMANCHE COUNTY MEMORIAL HOME HEALTH

Lawton, OK580-585-5575

DUNCAN REGIONAL HOSPITAL HOME CARE

2000 West Elk
Duncan, OK.....580-251-8752

ELKVIEW HOME HEALTH

101 S. Broadway580-726-6606
Hobart, OK800-422-8075

ELKVIEW - FOR ADVANTAGE PROGRAM

Hobart, OK580-726-3869

GENTIVA

Lawton, OK800-870-1394

GREAT PLAINS HOME CARE

1301 S. Main
Elk City, OK580-225-5656
ROADRUNNER HOME CARE
Memphis, TX.....806-259-2597

HARDEMON COUNTY HOME HEALTH

402 Mercer St.
Quanah, TX940-663-6909

HARMON COUNTY HOME HEALTH

313 E. Chestnut580-688-3353
Hollis, OK800-204-2984

HEALTHBACK HOME HEALTH CARE

2316 N. Louis Tittle580-782-2480
Mangum, OK.....888-552-4553

HEALTHWATCH HOME HEALTH

Altus, OK.....580-379-9770

HEARTLAND HEALTH CARE

4121 W. Gore
Lawton, OK580-353-3332

JACKSON COUNTY HOME HEALTH**

1204 E. Tamarack
Altus, OK.....580-379-6900
After Hours.....580-379-5133

INTEGRIS SAMARITAN HOME CARE

3200 West Modelle
Clinton, OK580-323-0277

MEMORIAL HOSPITAL HOME HEALTH

319 E. Josephine
Frederick, OK.....580-335-7565, Ext 131

NORTH TEXAS HOME HEALTH

1730 Houston Street
Vernon, TX.....940-553-1113
Wichita Falls, TX940-322-1672
Burkburnett, TX940-569-2522

INTEGRACARE

1810 Main Street
Vernon, TX.....940-552-5351
Childress, TX.....940-937-7019



JACKSON COUNTY

Memorial Hospital

Home Health Agencies

PAULS VALLEY GENERAL HOSPITAL
HOME SERVICES
Pauls Valley, OK 800-738-6142

SAYRE HOME HEALTH CARE
Sayre, OK..... 580-928-2275

SOUTHWESTERN HOME HEALTH
15 NE 20th Street..... 800-605-7944
Lawton, OK..... 580-248-7060

SPECIALTY NURSES
Vernon, TX 940-552-1300
Wichita Falls, TX..... 940-322-1391

SUNSHINE HOME HEALTH
209 West Cypress
Altus, OK 580-477-2014

TENDER CARE HOME HEALTH CARE
Clinton, OK..... 580-323-3291

TRIAD HOME HEALTH
129 North Pennsylvania
Mangum, OK 580-782-5800

****JCMH Home Health Care is affiliated with and has a financial relationship with Jackson County Memorial Hospital.**

HOSPICE AGENCIES

JCMH HOSPICE **
1204 E. Tamarack
Altus, OK 580-379-6900
After hours 580-379-5133

INDIAN TERRITORY HOSPICE
Frederick, OK 580-335-2512
Toll-free 800-687-4037
Fax..... 580-335-2518

FAITH HOSPICE
2312 West 3rd Street
Elk City, OK 580-243-5000
Toll-free 877-928-3565
Fax..... 580-243-3526

INTEGRIS WESTERN OKLAHOMA HOSPICE
3200 West Modelle
Clinton, OK..... 580-323-1625
Toll-free 800-320-5654

HOSPICE OF SW OKLAHOMA
Lawton, OK..... 580-248-5885

HOSPICE OF WICHITA FALLS
4909 Johnson Road
Wichita Falls, TX..... 940-691-0982

TRINITY HOSPICE
222 West 3rd
Elk City, OK 580-243-1948
Toll-free 800-687-4037
Fax..... 580-243-4924

****JCMH Hospice is affiliated with and has a financial relationship with Jackson County Memorial Hospital.**



JACKSON COUNTY

Memorial Hospital

Area Skilled Nursing/Swing Bed Facilities

ALTUS

ENGLISH VILLAGE NURSING HOME
1515 Canterbury Blvd
Altus, OK 580-477-1133

PLANTATION VILLAGE NURSING HOME
2610 Cedar Creek Drive
Altus, OK 580-480-1800

JCMH SWING BED*
1200 E Pecan
Altus, OK 580-379-5000

FREDERICK

MEMORIAL HOSPITAL
319 Josephine Avenue
Frederick, OK 580-335-7545

HOBART

ELK VIEW GENERAL HOSPITAL
429 West Elm
Hobart, OK 580-726-3381

HOBART LIVING CENTER
709 North Lowe Street
Hobart, OK 580-726-3381

HOLLIS

HARMON MEMORIAL HOSPITAL
400 East Chestnut Street
Hollis, OK 580-688-3363

MANGUM

GRACE LIVING CENTER
320 Carey Avenue
Mangum, OK 580-782-3345

MANGUM COMMUNITY HOSPITAL
2100 North Louis Tittle Avenue
Mangum, OK 580-782-3353

SAYRE

SAYRE MEMORIAL HOSPITAL
911 Hospital Drive
Sayre, OK 580-928-5541

VERNON, TX

VERNON CARE CENTER
2301 Texas Street
Vernon, TX 940-552-9316

VERNON GENERAL HOSPITAL
920 Hillcrest Drive
Vernon, TX 940-552-8351

*JCMH Swing Bed is affiliated with and has a financial relationship with Jackson County Memorial Hospital

**Other facilities also available. Please contact case worker for further information.

Notice To Medicare Beneficiaries Self Administered Drugs

Definition:

According to the Medicare Benefit Policy Manual Chapter 15 §50.2 (B) & 15§ 50.2 (C) 3:

- (i) Drugs administered by any method other than injection (including infusion) are always “considered to be usually self-administered”.
 - (a) This includes oral drugs, suppositories and topically applied drugs.
- (ii) Drugs administered by subcutaneous injection are presumed to be usually self-administered, (example -Insulin).

According to the current Medicare and You:

Generally, self-administered drugs you get in an outpatient setting, like an Emergency Room or Observation unit, are not covered by Medicare Part A or Part B. Your Medicare drug plan may cover these drugs under certain circumstances. You may need to pay out-of-pocket for these drugs and submit a claim to your plan.

What does this mean for you?

If you receive a drug that is considered “self-administered” in an outpatient setting, such as the Emergency Room, Observation or Same Day Surgery, you will be responsible for the medication and administration of that specific drug(s). The hospital will bill you, the patient, directly for all “self-administered” drugs.

Medicare Beneficiaries Notification Of Admission Status (Observation/Inpatient)

Dear Patient,

As a patient covered under Medicare services, YOU HAVE THE RIGHT to be informed of your admission status while you are in the hospital. Based on your clinical signs and symptoms and care ordered by your physician it has been determined that you meet the guidelines for Observation status according to Medicare’s regulations.

What is Observation status and how does it affect you as the patient?

- Observation status allows your physician to perform medical tests and provide medical care in the hospital setting while trying to determine if there is a need for more extensive in-hospital services (inpatient status) or if you can be discharged with further care provided as an outpatient.
- Observation status means that the decision regarding discharge for outpatient care or admission for inpatient status can usually be made within approximately 24 hours.
- If it is determined that you need more extensive services in the hospital your status will be changed to a regular admission (inpatient).
- If it is determined that diagnostic testing and care could be provided as an Outpatient, then you will be discharged with Outpatient follow-up.
- Medicare payment for Observation Status is covered under Medicare Part B (outpatient). You will be responsible for co-payments for the services provided instead of the inpatient deductible.
- As a Medicare patient admitted under Observation status you will also be responsible for the cost of self-administered drugs (i.e. oral drugs, insulin, etc). Please refer to the Self-Administered Drug Notice in your admission packet.

How is it determined that I should be admitted under Observation status and not inpatient?

- The need for observation status rather than inpatient status is a determination made by your physician based on your symptoms, the need for diagnostic testing and the expected length of time you will need to be in the hospital.
- Your physician and the hospital must abide by Medicare regulations regarding your status. This does not mean that the care you receive will be different in any way. It does mean the hospital must bill Medicare according to their regulations. Therefore status changes from inpatient to observation are sometimes necessary for accurate billing.
- The hospital provides a Case Manager who reviews your chart to ensure that the appropriate status has been ordered by the physician and is billed correctly. The Case Manager will continue to review your chart as necessary and discuss your case with your physician to facilitate the appropriate status per Medicare regulations.

We hope that we have provided you with the answers to the questions you may have regarding your admission status. If you have any further questions please feel free to ask your nurse to contact Case Management or if you have billing questions you may call 580-379-5050 Monday thru Friday 8:00 a.m. - 5:00 p.m.

Thank You,

Jackson County Memorial Hospital

Medicare Beneficiaries Notification Of Admission Status (Outpatient)

Dear Patient,

As a patient covered under Medicare services, YOU HAVE THE RIGHT to be informed of your admission status while you are in the hospital. Based on your clinical diagnosis and the surgery procedure performed it has been determined that you meet the guidelines for outpatient status according to Medicare's regulations.

What is outpatient status and how does it affect you as the patient?

- Outpatient status is required for certain surgical procedures when the physician expects you to be ready for discharge in 24 hours or less.
- If it is determined that you need more extensive services in the hospital your status will be changed to a regular admission (inpatient).
- Medicare payment for Outpatient status is covered under Medicare Part B. You will be responsible for co-payments for the services provided instead of the inpatient deductible.
- As a Medicare patient whose status is Outpatient you will also be responsible for the cost of self-administered drugs (i.e. oral drugs, insulin, etc). Please refer to the Self-Administered Drug Notice in your admission packet.

How is it determined that I should be admitted under Outpatient status and not Inpatient?

- The need for Outpatient status rather than Inpatient status is a determination made by your physician based on your diagnosis, the planned surgical procedure and the expected length of time you will need to be in the hospital.
- Your physician and the hospital must abide by Medicare regulations regarding your status. This does not mean that the care you receive will be different in any way. It does mean that the hospital must bill Medicare according to their regulations. Therefore, status changes from inpatient to outpatient are sometimes necessary for accurate billing.
- The hospital provides a Case Manager who reviews your chart to determine whether the hospital is in compliance with Medicare's regulatory guidelines. The Case Manager will continue to review your chart as necessary and discuss your care with your physician to facilitate the appropriate status per Medicare regulations.

We hope that we have provided you with the answers to the questions you may have regarding your admission status. If you have any further questions, please feel free to ask your nurse to contact Case Management or if you have billing questions you may call 580-379-5050 Monday thru Friday 8:00 a.m. - 5:00 p.m.

Thank You,

Jackson County Memorial Hospital

About Your Bill

Jackson County Memorial Hospital is committed to providing quality healthcare and services to all patients. The following information is meant to assist you with any questions you might have about JCMH's accounting and billing systems.

As a courtesy to patients and their families, JCMH's Patient Accounting Office will submit hospital claims to any insurance company on behalf of the patient. To speed up the claims process, it is important that complete and accurate insurance information be given when the patient is admitted to or registered at JCMH. We appreciate any assistance you can give in helping your insurance company during the claims process.

JCMH expects that patients and/or their significant others will make a good faith effort to pay any balance due and the JCMH billing staff will work with you to establish a reasonable method of settlement.

Bills/Statements

A statement will be mailed to the patient or responsible party's address on file on a monthly basis once insurance has been processed and the patient's (or responsible party's) amounts have been determined. The JCMH billing department needs to be notified of any name, address or telephone changes when they occur. Summary Statements and Itemized Bills are available by request.

You will receive a separate bill from your personal physician and other providers that were involved in your care depending on the services that you received. They include but are not limited to any of the following: JCMH Physician Billing Department

(Hospitalist, Anesthesia, Personal Physician)

1200 East Pecan, Altus, OK 73521
580-379-5141 or 866-477-7461

Pathology Billing: AdvantEdge Healthcare Solutions

520 East 22nd Street, Lombard, IL 60148
(940) 384-6200

Sundance Radiology: Medical Billing Management

601 Dodds Avenue, Chattanooga, TN 37404
1-866-730-5619

Patient Responsibility

More and more insurance companies are requiring authorization or pre-certification before patients receive any hospital services. Usually, the admitting physician or the policy holder can get the authorization needed for hospitalization. If your insurance company requires this, please tell your physician or call your insurance company. If authorization or pre-certification is not received and is considered necessary by your insurance company, they may deny your claim in part, or in full. Third-party coverage information provided by the patient will be verified and pre-certification obtained when needed. Where there is no third-party coverage, the hospital reserves the right to require partial payment or payment in full on the estimated billed charges of providing services for the particular illness or operation.

Patient Access staff will verify benefits and, if possible, determine whether or not deductibles have been met for Inpatients, Same Day Surgery, and Outpatient services. Prior to (or at) the time services are provided, deductibles and co-pays will be collected. If the patient is unable to pay the estimated amount due, satisfactory payment arrangements must be made. No deposit will be required for Medicare, Medicaid, or Tricare patients.

Payment Responsibility

An expected insurance payment to JCMH does not replace the patient's obligation to pay any outstanding balance. JCMH reserves the right to expect payment directly from the patient or the responsible party in certain situations or if insurance payment is particularly slow.

Medicare

JCMH is a certified Medicare provider and will send your bill directly to Medicare for payment unless you request that Medicare not be billed and take the responsibility for the full amount due. If you have insurance secondary to Medicare, the JCMH billing office staff will submit the supplemental insurance claim. This supplemental claim can only be completed after JCMH has received the Medicare payment, and can only be submitted if all additional insurance information has been provided.

While Medicare must be allowed as much time as needed to process a claim, supplemental insurances will have up to 30 days from billing before the outstanding balance is determined to be the patient's responsibility.

About Your Bill

Medicaid

Medicaid billings are also submitted on behalf of the patient. If it is determined the patient is not eligible or has not qualified for Medicaid, the patient will be billed for any services received while at JCMH.

Worker's Compensation

Work-related injuries will be treated as a normal insurance claim. It is the patient's responsibility to provide JCMH with all of the appropriate information needed to process the claim. The employer or claims adjuster will confirm benefits within 48 hours of admission to the hospital.

If the claim is disputed, JCMH will bill the patient's health insurance company in lieu of the worker's compensation claim. If worker's compensation is denied and there is no insurance available, the patient will be responsible for the outstanding balance.

Insurance/HMOs/PPOs

Patient Accounting will bill up to two insurance companies if insurance information and assignment of benefits is obtained during the registration process. If JCMH has a contract with your insurance company, the bill will be submitted according to contractual obligations. Any coinsurances, deductibles, or non-covered services that were not paid at time of service are the patient's responsibility and are payable within 30 days of billing.

Accidents and Injuries

If you receive treatment as a result of a vehicle accident or public injury, JCMH will hold you personally responsible for your hospital bill. Liens may be filed against insurances or with your attorney. Since such cases may require many months to resolve, JCMH will not wait for final decisions. Payment arrangements need to be made on these accounts to prevent them from becoming past due.

About Your Bill

When a Patient Owes a Balance

Although the hospital bills third party payers on the patient's behalf, the responsibility for payment is ultimately the patient's and/or the responsible party's. Statements will be mailed on a monthly basis to the responsible party that was identified during the registration process. Balances are due and payable within 30 days of the first statement date unless satisfactory financial arrangements have been made.

JCMH honors Visa, MasterCard or Discover card for the payment of any account. Payments are accepted over the telephone, in person, or by mail.

JCMH has established the following guidelines for payment of any balance:

Balance	Maximum	Minimum Payment
\$0 to \$600	6	In equal monthly installments but not less than \$10
\$600 to \$1200	12	In equal monthly installments
\$1201 and higher	18	In equal monthly installments

Long-term payment arrangements can be requested by completing a Financial Assistance Application. If unable to qualify for outside assistance, a payment schedule will be made measuring the established payment against the patient's spendable income (available income after reasonable monthly obligations.)

Interest will be charged to all balances that are not paid in full within 60 days of the first bill. The interest will be charged at a rate of 10% APR.

An account is considered delinquent or past due when:

- No payment arrangements have been made within 30 days of final insurance payment (or final billing for self-pay accounts).
- There is no response to our mailings or telephone calls.
- A required Financial Assistance Application form is not completed.
- Established hospital financing arrangements are not met.

If you dispute a balance, the situation will be reviewed before further collection efforts are pursued. In cases where all reasonable efforts to collect a balance have been made, the account will be referred to a state-licensed agency for follow-up and collections, or to an attorney for legal action. The cost to collect a suit on an account will be added to the original balance owed.

Financial Assistance

JCMH offers financial assistance for patients and/or responsible parties that feel that they cannot pay the amount owed according to the guidelines outlined above. Several different programs are available and individuals can apply for one of these programs by completing a financial assistance application. Contact the Financial Representative at 580-379-5053 or the JCMH Billing office at 580-379-5050 for more information.

Mailing Address and Contact Information

JCMH Billing Department
P.O. Box 8190, Altus, OK 73522

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT—

You Can Quit Smoking

SUPPORT AND ADVICE
FROM YOUR CLINICIAN



A PERSONALIZED QUIT PLAN FOR: _____

WANT TO QUIT?

- ▶ Nicotine is a powerful addiction.
- ▶ Quitting is hard, but don't give up. **You can do it.**
- ▶ Many people try 2 or 3 times before they quit for good.
- ▶ Each time you try to quit, the more likely you will be to succeed.

GOOD REASONS FOR QUITTING:

- ▶ You will live longer and live healthier.
- ▶ The people you live with, especially your children, will be healthier.
- ▶ You will have more energy and breathe easier.
- ▶ You will lower your risk of heart attack, stroke, or cancer.

TIPS TO HELP YOU QUIT:

- ▶ Get rid of ALL cigarettes and ashtrays in your home, car, or workplace.
- ▶ Ask your family, friends, and coworkers for support.
- ▶ Stay in nonsmoking areas.
- ▶ Breathe in deeply when you feel the urge to smoke.
- ▶ Keep yourself busy.
- ▶ Reward yourself often.

QUIT AND SAVE YOURSELF MONEY:

- ▶ At over \$5.00 per pack, if you smoke 1 pack per day, you will save more than \$1,800 each year and more than \$18,000 in 10 years.
- ▶ What else could you do with this money?



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Public Health Service

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(over)

FIVE KEYS FOR QUITTING

YOUR QUIT PLAN



1. GET READY.

- ▶ Set a quit date and stick to it—not even a single puff!
- ▶ Think about past quit attempts. What worked and what did not?

1. YOUR QUIT DATE:



2. GET SUPPORT AND ENCOURAGEMENT.

- ▶ Tell your family, friends, and coworkers you are quitting.
- ▶ Talk to your doctor or other health care provider.
- ▶ Get group or individual counseling.
- ▶ For free help, call 1-800-QUIT NOW (784-8669) to be connected to the quitline in your State.

2. WHO CAN HELP YOU:



3. LEARN NEW SKILLS AND BEHAVIORS.

- ▶ When you first try to quit, change your routine.
- ▶ Reduce stress.
- ▶ Distract yourself from urges to smoke.
- ▶ Plan something enjoyable to do every day.
- ▶ Drink a lot of water and other fluids.
- ▶ Replace smoking with low-calorie food such as carrots.

3. SKILLS AND BEHAVIORS YOU CAN USE:



4. GET MEDICATION AND USE IT CORRECTLY.

- ▶ Talk with your health care provider about which medication will work best for you:
- ▶ Bupropion SR—available by prescription.
- ▶ Nicotine gum—available over the counter.
- ▶ Nicotine inhaler—available by prescription.
- ▶ Nicotine nasal spray—available by prescription.
- ▶ Nicotine patch—available over the counter.
- ▶ Nicotine lozenge—available over the counter.
- ▶ Varenicline—available by prescription.

4. YOUR MEDICATION PLAN:

Medications: _____

Instructions: _____



5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS.

- ▶ Avoid alcohol.
- ▶ Be careful around other smokers.
- ▶ Improve your mood in ways other than smoking.
- ▶ Eat a healthy diet, and stay active.

5. HOW WILL YOU PREPARE?

Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.

Followup plan: _____

Other information: _____

Referral: _____

Clinician

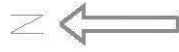
Date



JACKSON COUNTY Memorial Hospital

**Cancer Centers of
Southwest Oklahoma**

Pediatric Clinic
**Women's Health
Associates**
Women's Imaging
**Pediatric Rehabilitation
Services**



Orthopedic Clinic

PARK LANE

Medical Clinic
**Outpatient
Rehabilitation Services**
Education

Emergency Entrance

Front Lobby/Main Entrance

WEEKS ALIUS
MEDICAL
SPECIAL CLINIC

10th
SOUTH TOWER

**Human
Resources**

Sleep Lab

LIVEOAK STREET

SOUTH PARK AVE.

WALNUT STREET

LIVEOAK STREET

10th
NORTH

PECAN STREET
SOUTH PARK AVE.

MAPLE STREET

MAPLE STREET