Family & Children's Services is a

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

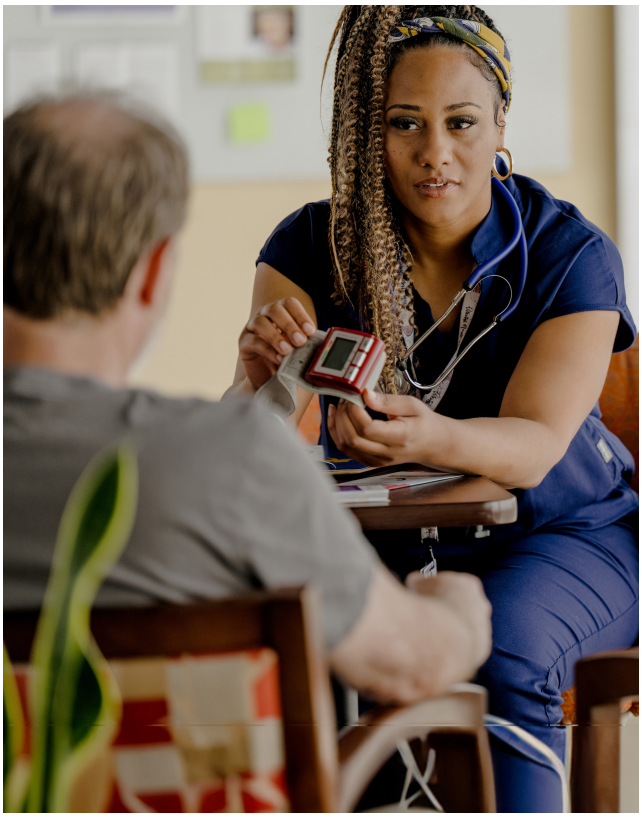
Certified Community Behavioral Health Clinics (CCBHC) provide you with services designed to help you manage your medical and mental health needs by providing you with a treatment team that can assist you in multiple areas of your life.

YOUR TREATMENT TEAM INCLUDES

- Medication clinic
- Nurses
- Wellness coaches
- Therapists
- Case managers
- Care coordination
- Peer recovery support specialists
- Individual placement specialists for education and employment support

PROGRAM BENEFITS

- Primary care physician linkage and coordination
- Medication management (psychiatric and medical)
- Whole health coordinated care integrating physical, medical and behavioral health services
- Individual, family and group therapy
- Comprehensive care management
- Case management
- Supportive employment and education services
- Health promotion services
- Advocacy in various health and social systems
- Referrals to community and social support services
- Substance use treatment including outpatient services and referrals to detox and residential treatment



To establish care with FCS, please call:
918.587.9471

If you are experiencing a mental health emergency, please call COPES:
918.744.4800

If you are experiencing a medical emergency, please call **911** or go to the nearest emergency room.

For over a century, FCS has provided quality services to vulnerable adults, children and families in the Tulsa Metro area.

MENTAL HEALTH AND MORE

Family & Children's SERVICES
fcsok.org

COMMUNITY BASED STRUCTURED CRISIS CENTER CONSUMER RIGHTS

Facilities with physical custody of a consumer or where consumers remain for round-the-clock support or care, or where the facility has immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

- Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.

- Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, gender identity, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.

- Each consumer, on admission, shall have the absolute right to private uncensored communication with persons of his/her choice by phone or mail, at the facility's expense if the consumer is indigent, and by personal visit.

- Each consumer retains the right of confidential communication with persons of his/her choice. A consumer's right to contact the ODMHSAS Advocate's Office, Inspector General's Office, their attorney, personal physician, or clergy shall not be limited by the facility.

- Each consumer is entitled to uncensored private communication (letter, telephone, personal visits); such letters or copies of letters shall not be kept in consumer treatment records.

- No consumer shall be subject to maltreatment or otherwise abused by staff, visitors, or other consumers.

- Each consumer shall receive treatment in the least restrictive environment and have the maximum freedom of movement consistent with his or her clinical condition and legal status.

- Each consumer shall have easy access to his or her personal funds deposited with the finance office, and shall be entitled to an accounting.

- Each consumer may have his or her own clothing and other personal possessions.

- Each consumer shall have the right to practice his or her religious belief and be accorded the opportunity for religious worship. No consumer shall be coerced into engaging in or refraining from any religious activity, practice, or belief.

- Each consumer legally entitled to vote shall be assisted to register and vote when they so request.

- Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:

- Allow the guardian of the consumer and/or another individual of the consumer's choice to participate in the consumer's treatment and with the consumer's consent;
- To be free from unnecessary, inappropriate, or excessive treatment;
- To participate in consumer's own treatment planning;
- To receive treatment for co-occurring disorders if present;
- To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
- To not be discharged for displaying symptoms of the consumer's disorder.

- Every consumer's record shall be treated in a confidential manner.

- No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

- A consumer may voluntarily participate in work therapy and must be paid fair compensation. However, each consumer is responsible for personal housekeeping tasks without compensation.

- A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

- Consumer shall be permitted to establish and participate in a consumer committee or consumer government by unit or facility wide.

- A consumer being discharged shall have plans for outpatient treatment, sufficient medication, suitable clothing for the season, housing information and referral, and if consumer permits, family involvement in the plan.

- Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

- No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

- Most rights may be limited by the treatment team for therapeutic reasons, including safety of the consumer or other consumers and staff in the facility. These limitations must be documented in the clinical record, reviewed frequently, and shall not be limited for purposes of punishment, staff convenience, or in retaliation for a consumer exercising any of his/her rights.

- All adult mental health consumers have the right to designate a family member or other concerned individual as a treatment advocate.

FAMILY & CHILDREN'S SERVICES, INC.
GRIEVANCE PROCESS HANDOUT

WHO MAY FILE A GRIEVANCE: Any client of Family and Children's Services (FCS) or any person interested in the welfare of a client (e.g., relative, foster parent) may file a grievance.

WHAT IS A GRIEVANCE: Clients have the right to file a grievance when they think there has been an infringement of their client rights.

WHEN A GRIEVANCE MAY BE FILED: It is important that grievances be filed as soon as possible to enable timely resolution. A grievance may be filed with FCS or with any of the four agencies listed below.

HOW TO FILE A GRIEVANCE: Your grievance may be taken by obtaining a Client Grievance Form from any staff member. Write your grievance on the form and include your proposed resolution of the problem. Sign the form and return it to any supervisor. You may request assistance from the FCS designated Local Advocate in completing the form and filing the grievance.

> **CrisisCare Center Clients**: Within three (3) days after your grievance is received, an attempt will be made, with your participation, to resolve the problem. You will receive a written response of the resolution.
>
> **All Other Clients**: Within fourteen (14) days after your grievance is received, an attempt will be made, with your participation, to resolve the problem. You will receive a written response of the resolution.

You have the right to file a grievance, to receive a written response to your grievance and to appeal if you are not satisfied with the response. If any person attempts to deny you these rights or penalize you for filing a grievance, contact the Oklahoma State Department of Health (OSDH) Office of Client Advocacy, Office of Juvenile Affairs (OJA) Office of Advocate General, Oklahoma Health Care Authority (OHCA) Grievance Docket Clerk, or Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Consumer Advocacy Division.

For more information about the grievance process, please ask for an FCS Local Advocate or Kayli Harris, Director of Compliance.

Agencies to assist you in the grievance process:

OSDH
Office of
Client Advocacy
123 Robert S. Kerr
Ave., Suite 1702
Oklahoma City, OK
73102-6406
(405) 522-2720

OJA
Office of the
Advocate General
P.O. Box 268812
Oklahoma City, OK
73126-8812
(405) 530-2800

OHCA
Grievance Docket
Clerk
Legal Division
P.O. Drawer 18497
Oklahoma City, OK
73154-0497
(405) 522-7217

ODMHSAS Office of Consumer
Advocacy and
ODMHSAS Inspector General
2000 N. Classen Blvd., Ste E600
Oklahoma City, OK 73106-6016
(405) 248-9037
(866) 699-6605
Reachout Hotline: (800) 522-9054
AdvocacyDivision@odmhsas.org
InspectorGeneral@odmhsas.org

LOCAL ADVOCATES FOR CLIENT GRIEVANCES

Gail Lapidus Center:
Sherri Hunter – Program Director, Child Abuse and Trauma Services

Sarah & John Graves Center:
Kristy Matthes – Intake Manager
Lee Miller – Clinical Supervisor, Connections
Michelle Lancaster – Clinical Supervisor, Adult Intake

CrisisCare Center:
Ryan Hargis – Program Administrator, CrisisCare Center
Sarah Saner – Clinical Director, CrisisCare Center

Women's Justice Team:
Amber Dan – Senior Program Director, Substance Use Disorder & Court Related Services

Women in Recovery (WIR) and WIR Housing:
Micah Mesker – Senior Program Director, Women in Recovery (WIR) and WIR Housing

Legacy Plaza West (FCS Central Office):
Katy Reed – Program Director, Children's Mental Health & Family Support
Christine Marsh – Executive Vice President, Child Abuse & Trauma Services
Lorri Perez – Senior Program Director, Professional Services & Counseling for Children & Adults

Osage Hills Office:
Amber Dan – Senior Program Director, Substance Use Disorder & Court Related Services

Salvation Army Office:
Kathy Loehr – Senior Program Director, Homeless & Diversion Services

East Tulsa Office:
Eric Cox – Program Director

Sheridan Office:
Andrew Thomas – Program Director, PACT/FACT

North Tulsa Office:
Teresa Williams – Clinical Director, North Tulsa

HOPE + FCS Oklahoma City:
Lisa Webb – Director of Consumer Services

46th Street:
Lisa Jacques – Administrative Supervisor

Norman Office:
Amanda Weight – Vice President of Programs

Coordinator, Decision Making & Liaison with ODMHSAS Office of Consumer Advocacy:
Kayli Harris – Director of Compliance

Family & Children's Services

NOTICE OF NON-DISCRIMINATION

Family & Children's Services ("FCS") complies with applicable Federal civil rights laws and does not discriminate based on the basis of race, color, national origin, age, disability, or sex consistent with the scope of sex discrimination described at 45 C.F.R. 92.101(a)(2)). FCS does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

FCS provides individuals with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

FCS provides free language assistance services to individuals whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, and/or language assistance services, please contact your case manager or care provider.

If you believe that FCS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Section 1557 Coordinator by:

Mail:

Kayli Harris, Director of Compliance
5310 E. 31st St.
Suite 800

Tulsa, Oklahoma 74135

Web Portal: https://fcs.compliancelinemcr.com/

Phone: (888) 511-3056

You can file a grievance in person, or by mail, fax, email, web portal, or phone. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

NOTICE OF PRIVACY PRACTICES

FAMILY & CHILDREN'S SERVICES INC. AND FMC PHARMACY, LLC.

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.PLEASE REVIEW IT CAREFULLY.

Amended September 27, 2019

WHO WILL FOLLOW THIS NOTICE

This notice describes our organization's practices and that of:

- Any health care professional authorized to enter information into your medical record;
- All departments and units of FCS and FMC Pharmacy;
- All employees, staff and other FCS personnel, including physicians, psychologists, therapists, pharmacists, nursing personnel, prescribers, and pharmacy technicians who are independent contractors of FCS;
- FCS includes Family & Children's Services and FMC Pharmacy. All FCS entities, sites, and locations follow the terms of this notice and may share protected health information ("PHI") with each other for treatment, payment or health care operation purposes or in the manner described in this notice.

LEGAL DUTY TO SAFEGUARD PHI

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. We create a record of the care that contains your PHI. We need this record to provide you with quality care and to comply with certain legal requirements. We will obtain your authorization any time it is required, giving FCS permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your medical care, and the administrative operations of FCS. You may revoke your authorization for these uses at any time by notifying the FCS Privacy Officer or your FCS healthcare provider, except to the extent that FCS has already acted in reliance on it. Any disclosure shared via media (including social media) may be disclosed indefinitely in light of FCS's or anyone's ability to retract such disclosure once it is posted or published. This notice applies to all of the records of your care generated by FCS. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

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

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

THIS NOTICE TAKES EFFECT SEPTEMBER 27, 2019, AND WILL REMAIN IN EFFECT UNTIL WE REPLACE IT. UPDATES WILL BE POSTED ON OUR WEBSITE.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the administrative office of each facility. The notice will state the effective date on the first page. In addition, each time you are admitted to the FCS for treatment or health care services, we will offer you a copy of the current notice in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give an example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Routine Uses and Disclosures that do not Require your Authorization

- **For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to clinicians, case managers, family support workers, doctors, nurses, pharmacists, pharmacy technicians, or other FCS personnel who are involved in taking care of you at FCS. For example, a doctor prescribing medicine for you would need to know other medications that you are taking and the reason for taking these medicines to help prevent any medication interaction problems. Different areas of FCS also may share PHI about you in order to coordinate the different things you need, such as testing or other FCS treatment services.

  We may disclose your PHI for the treatment activities of any other health care providers. For example, we may send a copy of your medical records to a physician who needs to provide follow-up care. Any disclosure may include PHI obtained from third parties unless the PHI was obtained under a promise of confidentiality.

- **For Payment:** We may use and disclose PHI about you so that the treatment and services you receive at FCS may be billed and payment may be collected from you, an insurance company or a third party, including Medicaid and/or Medicare. We may disclose PHI to your health plan, insurance company, HMO, or their utilization review contractor to obtain prior approval or to determine whether a plan will cover a particular treatment. FCS holds contracts with many entities for purposes of payment and coordinating care of our clients. These entities include but are not limited to the Oklahoma Department of Mental Health and Substance Abuse Services and Oklahoma Department of Human Services. We are required by law to share information with some of these entities.

- **For Health Care Operations:** We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to run FCS and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many FCS clients to decide what additional services FCS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to clinicians, doctors, case managers, family support workers, and other FCS personnel for review and learning purposes. This would also include the sharing of information among students of a professional training program that FCS may sponsor. We may also combine the PHI we have with PHI from other health care organizations to compare how we are doing and see whether we can make improvements in the care and services we offer. We will remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific clients are.

- **Business Associates:** We may disclose your PHI to other entities that provide a service to us or on our behalf that requires the disclosure of

client PHI. FCS will only make these disclosures to Business Associates if we have received satisfactory assurance that the Business Associate will properly safeguard PHI. For example, we may contract with another entity to provide billing or other contracted services. All Business Associates are required to comply with the privacy and security protections in the Health Insurance Portability and Accountability Act (HIPAA).

You may object to FCS disclosing PHI in the following situations. Please advise your healthcare provider if you do not want PHI used as set forth below. Any such objection will need to be made in writing.

- **Appointment/Refill Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for services at FCS or that you need a prescription refill.
- **Health Information Exchange:** FCS may participate in digital information exchanges with other health care providers and health plans, in which we send your client data to a network system committed to securing the information and allowing your data to be available to another member who is providing treatment to you, those who pay for your care, and for operational purposes. Any such network would be committed to protecting your privacy and information under the federal privacy and security laws.
- **Tours:** Tour or visits may occur of the agency facilities and people who are not FCS staff may witness your presence at the facility.
- **Telehealth:** Certain services at FCS may be conducted by telecommunication or other similar means and your PHI may be disclosed.
- **Photographs:** Your photograph may be taken to be included in your medical record. The photograph will be used for internal identification purposes. Any other use of photographs will require your consent.
- **Email and Text:** Your email address and telephone number may be used for FCS healthcare operations, like reminding you of appointments or wellness information. Your email address and text telephone number will not be given or sold to others.
- **Treatment Alternatives and Health-Related Benefits or Services:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you, as well as other healthcare benefits or services. You may notify us in writing if you wish not to receive this information or to restrict the manner in which we tell you about these treatment options, benefits or services, for example, if you do not want to be contacted at home, or if you prefer to be contacted by mail.
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to a friend, family member or legal guardian who is involved in your medical care or who helps pay for your care. We may also disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Pursuant to law, FCS may disclose certain PHI to someone who has been identified as your responsible family member or to your attorney, guardian, health care proxy, or durable power of attorney for health care purposes relating to mental health or drug or alcohol treatment services.
- **Disclosure after Death:** We may disclose PHI to persons who were involved in your care or payment for your care, following your death.
- **Women in Recovery (WIR), WIR Continuing Care, and Women's Justice Team (WJT) Participants:** If you are participating in WIR, Continuing Care, and/or WJT, you may be on the agency premises for long periods of time or for events and consequently individuals not involved in WIR, Continuing Care, and/or WJT, including the media, may see you or become aware of your involvement in these FCS services when they visit the agency premises. Additionally, you, and your child(ren), if applicable, may have opportunities to volunteer and/or participate in activities and events in the community. During your participation, individuals not involved in WIR, Continuing Care, and WJT, including the media, may see you and become aware of your involvement in these FCS services. We may disclose PHI that reflects your involvement in the program to:
  1. Entities or individuals that supervise or monitor the program or FCS;
  2. Entities or individuals that are involved in funding the program or FCS;
  3. Individual or entities that publicize or are involved in publicizing the program or FCS;
  4. Individual or entities that visit the program or FCS to learn about its operations; and
  5. Entities or individuals that provide assistance to the program or FCS.
  6. Entities/individuals that provide educational groups or other enrichment activities at FCS or other locations, such as the Tulsa Children's Museum Discovery Lab.

Disclosures Which are Made without your Consent

- **As Required By Law:** We will disclose PHI about you when required to do so by federal, state or local law. In Oklahoma, FCS is required to disclose PHI as necessary and appropriate to individuals and agencies that hold a contract with the Department of Mental Health and Substance Abuse Services and the Oklahoma Department of Human Services.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Workers' Compensation:** We may release PHI about you to your employer or his/her designee for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose PHI about you for public health activities. These activities generally include the following:
  1. To prevent or control disease, injury or disability;
  2. To report deaths;
  3. To report child abuse or neglect;
  4. To report reactions to medications or problems with products;
  5. To notify people of recalls of products they may be using;
  6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  7. To notify the appropriate government authority if we believe a client has been the victim of abuse or neglect.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of FCS. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Accrediting Organizations:** We may disclose PHI to an organization that FCS has contracted with for purposes of accreditation such as Council on Accreditation (COA) Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Health Care Authority (OHCA), Department of Human Services (DHS), Oklahoma State Board of Pharmacy (OSBP), etc.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court order. We may also disclose PHI about you in response to a court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your representative about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:
  1. In response to a court order, warrant, summons or similar process;
  2. To identify or locate a suspect, fugitive, material witness, or missing person;
  3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  4. About a death we believe may be the result of criminal conduct;
  5. About criminal conduct at the facility; and
  6. 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.
- **Research:** We may use or disclose your PHI for research purposes in limited circumstances. We will ask for your specific permission if the researcher will have access to your name, address, or other identifying information, or will be involved in your care at FCS. You may contact the Privacy Officer for more information about our research approval policy and process.
- **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about clients of FCS to funeral directors as necessary to carry out their duties.
- **Military, National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. If you are a member of the armed forces, FCS may disclose your PHI as required by military command authorities.

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

» **Inmates:** If you are an inmate of a correctional facility or under the custody of law enforcement official or agency, we may disclose PHI about you to the correctional facility or law enforcement official or agency. This release may be necessary to: (1) enable the correctional facility to provide you with health care, (2) protect the health and safety of you and/or other people, or (3) protect the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR PHI

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

» **Right to Inspect and Copy:** You have the right to inspect and request a copy of PHI. To request access to your PHI, you must submit a written authorization to FCS. You may receive this information on paper, or in the electronic format that you prefer if the information is readily available in that format. If FCS provides you with electronic access to your PHI, FCS may charge you the statutory allowed rate which is currently 30 cents per electronic page plus postage or a delivery charge but in no event greater than $200. If you request a paper copy of the information, we may charge the statutory allowed rate which is currently 50 cents per page. We may deny your request to inspect and copy in certain circumstances. If your request is denied, you will receive a written explanation for the denial, and you may request that the denial decision be reviewed. A licensed health care professional chosen by the facility will review your request and denial decision. -The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

» **Right to Amend:** If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for FCS. To request an amendment, your request must be made in writing and submitted to the Program Manager at the FCS location where you are seen. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) Is not part of the PHI kept by or for FCS; (3) Is not part of the information which you would be permitted to inspect and copy; or (4) Is accurate and complete.

» **Right to an Accounting of Disclosures:** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures that we have made of PHI about you for purposes other than treatment, payment, or healthcare operations. The list of disclosures also will not include any disclosures made to you of your own information, disclosures required or permitted by law, information disclosed pursuant to your authorization, disclosures for national security or intelligence purposes. It also excludes disclosures to correctional institutions or law enforcement officials, or disclosures that are part of a limited data set that does not include your individually identifiable information. To request this list or accounting of disclosures, you must submit your request in writing to FCS. Your request must state a time period that may not be longer that six years and may not include dates that are more than six years earlier than your request. Your request should indicate whether you wish to have the accounting in paper or electronically. The first list you request within a 12-month period will be free. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

» **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to FCS. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, (for example, disclosures to your spouse). You also have a right to request that we restrict disclosures to a health plan or insurance company if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you (or a person other than the health plan or someone else on your behalf) have paid FCS in full. We cannot deny this request for a restriction.

» **Right to Request Communications in a certain manner:** You have the right to request that we communicate with you about 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. In programs such as COPES, FCS may offer to communicate with you through secure text messaging or a secure web-based chat system. While FCS can ensure that such messages are secure at the time of sending and once received by FCS, FCS cannot ensure that such communications when received or stored by your mobile phone, your computer, your internet service provider, or your mobile telephone carrier or when such communications are transmitted through such carriers will remain secure. If you choose to utilize these methods of communication offered by FCS by initiating a chat session or initiating a text communication, FCS will understand that you acknowledge these potential risks and will treat your initial text or chat as a request that FCS communicate with you by text or chat respectively. You have the right to opt-out of such communications at any time by providing FCS a written request to opt-out.

  To request a certain manner of communication, you must make your request in writing to FCS. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

» **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, please contact the administrative office of any FCS facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with FCS or with the Secretary of the Department of Health and Human Services. To file a complaint with FCS contact the Privacy Officer at 918-587-9471. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PHI

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

HOW QUITTING SMOKING HELPS YOUR HEALTH

TIME SINCE QUIT	BENEFICIAL HEALTH CHANGES
20 minutes	Your heart rate and blood pressure drop.
12 hours	The carbon monoxide level in your blood drops to normal.
2-12 weeks	Your blood flow improves and your air flow/breathing increases.
1-9 months	Coughing and shortness of breath decrease.
1 year	Your risk of heart disease is about half that of a smoker.
5 years	Your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.
10 years	Your risk of lung cancer falls to about half that of a smoker and your risk of cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases.
15 years	The risk of heart disease is that of a nonsmoker's.

AGE YOU QUIT	BENEFITS COMPARED TO THOSE WHO CONTINUED TO SMOKE
30	Gain almost 10 years of life expectancy
40	Gain almost 9 years of life expectancy
50	Gain almost 6 years of life expectancy
60	Gain almost 3 years of life expectancy

- After the onset of life-threatening disease, those who quit see a rapid benefit, reducing their chances of having another heart attack by 50%.
- Quitting smoking decreases the excess risk of many diseases related to second-hand smoke in children, such as respiratory diseases (e.g., asthma) and ear infections.
- Quitting smoking reduces the chances of impotence, having difficulty getting pregnant, having premature births, babies with low birth weights and miscarriage.

Family & Children's SERVICES
fcsok.org

NO JUDGMENTS. JUST HELP.

GET FREE SUPPORT FROM THE OKLAHOMA TOBACCO HELPLINE.

Thinking about quitting? FREE tools and nonjudgmental support are available to you 24/7 through the Oklahoma Tobacco Helpline.

HOW CAN THE HELPLINE HELP YOU?

Thousands of Oklahomans have quit tobacco through the Oklahoma Tobacco Helpline. People who use the Helpline in combination with nicotine patches, gum or lozenges double their chances for success. Our trained Quit Coaches offer positive encouragement and nonjudgmental support to help you — no matter where you are in your journey.

Getting started is simple.

- Call 1-800-QUIT NOW or visit OKhelpline.com for free text and email support, phone and web coaching, patches, gum or lozenges and more.
- You'll talk to a registration specialist for about 10-15 minutes. Then you'll be transferred to a Quit Coach™.
- You should receive your nicotine replacement therapy in 10-14 business days.
- If a Quit Coach calls you, 1-800-784-8669 will appear on your mobile and 1-800-QUIT NOW on your landline caller ID.

WE'RE AVAILABLE 24/7.

The Helpline provides around-the-clock services in many languages, including services for the hearing impaired. We offer customized Quit Plans, a web-based community for discussions and trackers to measure your progress and financial savings.



Call 1-800-QUIT NOW to get the free help you've been waiting for.

Not ready to sign up yet? No pressure.

Visit OKhelpline.com for tips, tools and information.

Oklahoma Tobacco Helpline

1 800 QUIT NOW

1-800-784-8669 OKhelpline.com

1-855-DÉJELO-YA Spanish
1-877-777-6534 TTY

TSET

Partners:

Oklahoma State Department of Health

U.S. Centers for Disease Control

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



During Pregnancy, Birth, or Nursing (Breastfeeding)

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

PROTECT YOURSELF FROM HIV

- Get tested at least once or more often if you have certain risk factors.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Don't inject drugs, or if you do, don't share needles, syringes, or other drug injection equipment.



- If you engage in behaviors that may increase your chances of getting HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.



- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.

KEEP YOURSELF HEALTHY AND PROTECT OTHERS IF YOU HAVE HIV

- Find HIV care and stay in HIV care.
- Take your HIV treatment as prescribed.
- Get and keep an undetectable viral load. This is the best way to stay healthy and protect others.



- If you have an undetectable viral load, you will not transmit HIV through sex.
- If your viral load is not undetectable—or does not stay undetectable—you can still protect your partners by using other HIV prevention options.

Scan to learn more!

LET'S STOP HIV TOGETHER™ Ending the HIV Epidemic

For more information on HIV, visit **www.cdc.gov/hiv** or call **1-800-CDC-INFO (232-4636).**

Oklahoma HIV & STI Testing Sites

Free Testing

Caring Hands Healthcare Centers
McAlester, OK; 918-426-2442

County Health Departments
oklahoma.gov/health.html
Visit the Oklahoma County Health Departments Reference Guide to find a location nearest you.

Diversity Center of OK, Inc.
diversitycenterofoklahoma.org
2242 NW 39th St., Oklahoma City, OK 73112
405-601-7686

Diversity Family Health
diversityfamilyhealth.com
Also offers support groups for LGBTQIA+ individuals
1211 N Shartel Ave, Suite 300, Oklahoma City, OK 73103
405-848-0026
* 1822 E 15th Street, Suite A, Tulsa, OK 74104
405-848-0026
* 329 White Street, Norman, Oklahoma 73069
405-848-0026
* Offers financial assistance for testing
* Possible fee for lab work

Equality Health Group Foundation
ehg.health
8 SW 89th St. Suite 200, Oklahoma City, OK 73139
405-761-2762

Expressions Community Center
okcevolve.com (Hablamos Español)
2247 NW 39th St., Oklahoma City, OK 73112
405-521-0897

Guiding Right, Inc.
guidingright.org
1420 NE 23rd St., Oklahoma City, OK 73111
405-733-0771
4619 S Harvard Ave. Suite 104, Tulsa, OK 74135
918-986-8400

Healing Hands Health Care Services
communityhealthok.org
411 NW 11th St., Oklahoma City, OK 73103
405-272-0476
Provides services for homeless clients only.

Health Outreach Prevention Education, Inc. (H.O.P.E)
hopetesting.org (Hablamos Español)
3354 E 51st, Tulsa, OK 74135
918-749-8378

H.O.P.E. OSU (internal medicine clinic)
Wednesday ONLY
717 S Houston Ave., 3rd floor, Tulsa, OK 74127
918-382-5064

Latino Community Development Center (LCDA)
lcdaok.com (Hablamos Español)
420 SW 10th St., Oklahoma City, OK 73109
405-236-0701

New Hope Wellness Center
nhwellnesscenter.org
2809 NW 31st St., Oklahoma City, OK 73112
405-730-0771
HIV & STI testing are free; Fees applicable for treatment and medication.

OKC County Health Department (OCCHD)
occhd.org
6728 S Hudson Ave., Oklahoma City, OK 73139
405-419-4119
2700 NE 63rd Street, Oklahoma City, OK 73111
405-419-4200
4330 NW 10th Street, Oklahoma City, OK 73107
405-419-4150

Oklahoma City Indian Clinic
309 S Ann Arbor Ave., Oklahoma City, OK 73128
405-948-4900
*CDIB info

Red Rock Behavioral Health Services
red-rock.com
4400 N Lincoln Blvd., Oklahoma City, OK 73105
405-424-7711 or 877-339-3330

Tulsa Cares (Hablamos Español)
Tulsacares.org
3712 East 11th Street, Tulsa, OK 74112-3952
918-834-4194

Variety Care Teen Clinic
varietycare.org/services/teen-clinic
Find a location near you.
405-632-6688

Fee for Service Testing

Mary Mahoney Memorial Health Center
communityhealthok.org
12716 NE 36th St., Spencer, OK 73084
405-769-3301

Revan Health
revanhealth.com
5601 NW 72nd Street, Suite 142, Warr Acres, OK 73132
405-896-7975

Tulsa County Health Department (TCCHD)
Visit tulsa-health.org to find a testing location or call 918-582-9355

Variety Care
varietycare.org/you
Find a location near you.
405-632-6688

Community Health Center of SE Kansas Miami Clinic
chcsek.org
106 W Veterans Rd., Miami, OK 74354
918-238-3074
Offers financial assistance for testing.

Community Care by Trust Women
trustwomen.org
1240 SW 44th St., Oklahoma City, OK 73109
405-429-7940
Offers financial assistance for testing.

Onyx Health & Wellness Clinic
onyxhealthwellness.com
6520 E. Reno Ave Ste. D, Midwest City, OK 73110
405-455-3008

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OKLAHOMA State Department of Health

OHHPC Oklahoma HIV & Hepatitis Planning Council

SEXUAL HEALTH & HARM REDUCTION SERVICE