



## DEER OAKS – THE BEHAVIORAL HEALTH SOLUTION NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

This Notice describes the privacy practices of the following **Deer Oaks: The Behavioral Health Solution** (referred to thereafter as Deer Oaks) entities: **Deer Oaks Arkansas LLC, Deer Oaks Behavioral Health PA, Deer Oaks Geriatric Services PC, Deer Oaks Med Management Associates LLC, Deer Oaks Mental Health Associates PC, Deer Oaks Mid-West LLC, Deer Oaks Minnesota LLC, Deer Oaks Southeast LLC, Deer Oaks West LLC, Med Management Associates, Med Management Associates of Colorado LLC, Med Management Associates of Iowa PC, Med Management Associates of Virginia LLC, Med Management Indiana PC, and Med Management of Kansas LLC.** Deer Oaks recognizes that the health and well-being of patients depends on a collaborative effort between patients and Deer Oaks' psychological and psychiatric service providers. Patients have both rights and responsibilities when they interact with Deer Oaks staff, which are described below.

### As a Deer Oaks patient, you have the right to:

- 1) Get information about your coverage, benefits, and services.
- 2) Be treated with respect and consideration for your privacy and dignity by all Deer Oaks staff.
- 3) Get information in a way you can easily understand. This includes language services.
- 4) Request the professional qualifications of the Deer Oaks service provider rendering care.
- 5) Get information from your provider about treatment choices for your health condition.
- 6) Ask your Deer Oaks service provider questions so that you can make informed decisions about your health.
- 7) Be involved in all decisions about your health care and say "no" to any treatment offered.
- 8) Communicate confidentially with your Deer Oaks service provider.
- 9) Privacy and confidentiality as outlined in the Deer Oaks Notice of Privacy Practices (available on Deer Oaks Website).
- 10) Withdraw your consent, delay, or otherwise refuse examination, intervention, or treatment.
- 11) Not be secluded or restrained as a punishment or to make things easier for your provider.
- 12) Ask for and get a copy of your medical records.
- 13) Review and request amendments to your medical records.
- 14) Get health care services.
- 15) Be free from discrimination based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, disability, language, or health status including Acquired Immune Deficiency Syndrome (AIDS).
- 16) Obtain available and nearby services.
- 17) Have an independent advocate of your choice. This is someone who can support you with your health care.
- 18) Get a second opinion.
- 19) Receive services that respect and know your culture.
- 20) Be told if your provider stops seeing members or has changes in services.
- 21) Continuity of care – if for any reason you decide to seek care elsewhere, your MED medical service provider will work to coordinate your care in accordance with your wishes.
- 22) Use your rights and/or file a complaint without fear of being treated poorly.
- 23) Be free from sexual intimacy with your provider.
- 24) Any other rights guaranteed by law.

- 25) Provide confidential feedback about any matter that occurs by available means, including report it to the Deer Oaks Compliance Officer at [compliance@deeroaks.com](mailto:compliance@deeroaks.com) or toll-free at 888-365-1795

**As a Deer Oaks patient, you have a responsibility to:**

- 1) Learn about your health benefits and how to use them.
- 2) Understand your rights.
- 3) Conduct all your interactions with Deer Oaks staff members and service providers, other patients, and visitors in a respectful and polite manner. Verbal or physical intimidation, violence, or the threat of violence towards anyone will not be tolerated and will be reported to the appropriate authorities.
- 4) Pay for services you get that are not covered by your insurance coverage.
- 5) Tell Deer Oaks if you have other insurance or family or address changes.
- 6) Tell your provider information they need to care for you, such as your symptoms you are experiencing. Be honest and forthcoming.
- 7) Provide as complete a medical history as you can, which includes details and information about past illnesses, medications, hospitalizations, and other matters related to current health.
- 8) Tell your Deer Oaks service provider if you do not understand your treatment plan. Ask questions when you do not understand or want to learn more.
- 9) Follow your treatment plan. Take medications as prescribed and tell your provider about side effects or if your medications are not helping.
- 10) Invite people who will be helpful and supportive to you to be included in your treatment.
- 11) Fulfill financial responsibilities that are incurred when seeking care by Deer Oaks.
- 12) Understand that Deer Oaks operates in a manner intended to protect patient safety, safeguard confidentiality, and reduce the risk of medical errors. Deer Oaks adheres to established business hours, observes standard operating procedures, and provides care consistent with Deer Oaks capabilities and available resources.
- 13) Report suspected member or provider fraud or abuse to the Deer Oaks Compliance Officer at [compliance@deeroaks.com](mailto:compliance@deeroaks.com) or toll-free at 888-365-1795.

**Acknowledgement of This Notice of Patient Rights and Responsibilities:**

Your acknowledgement of this notice will be made as part of your medical record at Deer Oaks. Please sign and date below. You may request a copy of this notice at any time.

\_\_\_\_\_  
Patient/Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Client or Legal Guardian

\_\_\_\_\_  
Relationship to Patient/Client