



## **PATIENT MEMBERSHIP GUIDE**

940 ELLENDALE DRIVE, SUITE 102

MEDFORD, OR 97504

541-210-5687

[ADMIN@SISKIYOUVITALMEDICINE.COM](mailto:ADMIN@SISKIYOUVITALMEDICINE.COM)

[WWW.SISKIYOUVITALMEDICINE.COM](http://WWW.SISKIYOUVITALMEDICINE.COM)

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## **Our Mission**

Siskiyou Vital Medicine, LLC (SVM) is dedicated to enabling our community to be as healthy as possible and welcomes patients at any stage of life. Our goal is to provide you and your family high quality, effective Naturopathic Healthcare at affordable rates. We've created a direct primary care membership model that empowers you to take control of your health. Our model is patient centered, low force, affordable, efficacious, preventative in nature, and affords ample time to spend with each client in order for a deep healing relationship to be formed.

SVM serves you as your Primary Care Provider. At your request, our providers can coordinate on-going comprehensive complementary and/or adjunctive care with a provider of your choice outside of SVM. Regardless of the role you wish us to play in the management of your healthcare, you gain access to a team of expertly trained, fully licensed providers. We will always serve as passionate advocates for you within the medical community.

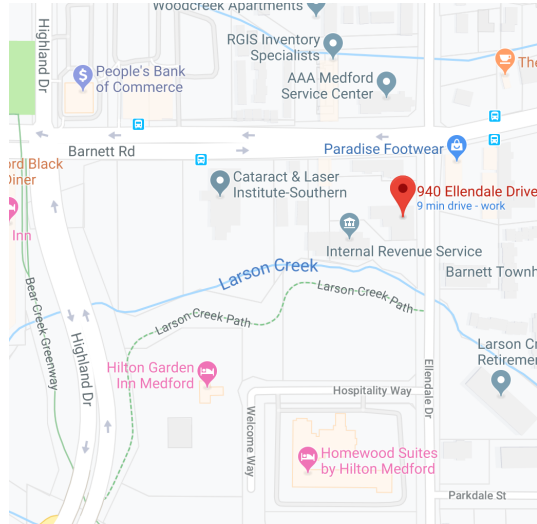
## **About Siskiyou Vital Medicine (SVM)**

Siskiyou Vital Medicine is a Direct Primary Care Practice. As such, this practice is not insurance. SVM may not bill insurance or the Medicare/Medicaid programs. Furthermore, SVM's Members are not allowed to submit claims to their insurer for any service(s) included in the membership. Our practice provides the scope of primary care services specified in our membership services agreement. Patients must pay for all services not specified in the membership services agreement.

Questions about Direct Primary Care can be directed to The Department of Consumer and Business Services who issued a certification to this practice. You can contact consumer advocates at Department of Consumer and Business Services at (888) 977-4894, [dcbs.inmail@state.or.us](mailto:dcbs.inmail@state.or.us), or [www.insurance.oregon.gov](http://www.insurance.oregon.gov)



## Clinic Information



### **Siskiyou Vital Medicine Clinic**

#### **Address**

940 Ellendale Rd. Suite 102  
Medford, OR 97504

**Phone** 541-210-5687

#### **HIPPA Compliant Email:**

[admin@siskiyouvitalmedicine.com](mailto:admin@siskiyouvitalmedicine.com)

#### **Clinic Hours**

M-Th 9:00 am to 4:00 pm

After Hour Appointments are available upon request

Limited evening and weekend appointments are available upon request. If a member needs to speak with one of our providers after business hours, please call our office at: (541) 210-5687 and leave a message. The on-call provider (which is not necessarily your provider) will return your call. Typically, calls are returned within four hours. Calls after 8 pm will be returned the next morning after 8 am. For life threatening emergencies call 911.

## Terms of Membership

This Patient Membership Guide along with the Member Services Agreement you signed at enrollment describes the services, responsibilities and amenities available to members thru SVM.

If you have any questions at all, please feel free to connect with us at: (541) 210-5687 or email: [admin@siskiyouvitalmedicine.com](mailto:admin@siskiyouvitalmedicine.com)

## **Our Philosophy of Naturopathic Medicine**

Our providers practice medicine with the philosophy that the human body, when given the right conditions, can maintain and restore health. We work with our patients to put in place sustainable health strategies that promote vitality through the use of natural, low force interventions, along with the judicious use of higher force interventions when applicable.

Naturopathic Medicine employs natural therapeutics and a holistic approach to treatment(s). Modalities used include nutrition, homeopathy, botanical medicine, physical medicine and pharmaceuticals. Naturopathic medicine can be used to treat arthritis, diabetes, cardiovascular disease and many other common conditions.

## **The Principals of Naturopathic Medicine**

### **The Healing Power of Nature (*Vis Medicatrix Naturae*)**

Naturopathic medicine recognizes the body's inherent ability to heal itself. Naturopathic providers identify and remove obstacles to recovery and facilitate this healing ability in patients.

### **Identify and Treat the Causes (*Tolle Causam*)**

The naturopathic providers seeks to identify and remove the underlying causes of illness, rather than merely suppress symptoms.

### **First Do No Harm (*Primum Non Nocere*)**

Naturopathic medicine follows three principles to avoid harming the patient:

- Use methods and medicinal substances which minimize the risk of harmful side effects.
- Avoid, when possible, the harmful suppression of symptoms.
- Acknowledge and respect the individual's healing process, using the least force necessary to diagnose and treat illness

### **Provider as Teacher (Docere)**

Naturopathic providers educate the patient and encourage self-responsibility for health. They also acknowledge the therapeutic value inherent in the doctor-patient relationship.

### **Treat the Whole Person**

Naturopathic providers treat each individual by taking into account physical, mental, emotional, genetic, environmental and social factors. Since total health also includes spiritual health, naturopathic providers encourage individuals to pursue their personal spiritual path.

### **Prevention**

Naturopathic providers emphasize disease prevention, assessment of risk factors and hereditary susceptibility to disease and making appropriate interventions to prevent illness. Naturopathic medicine strives to create a healthy world in which humanity may thrive.

### **Wellness**

Wellness follows the establishment and maintenance of optimum health and balance. Wellness is a state of being healthy, characterized by positive emotion, thought and action. Wellness is inherent in everyone, regardless of dis-ease(s). If wellness is recognized and experienced by an individual, it will more quickly heal a given dis-ease than direct treatment of the dis-ease alone.

### **Our Naturopathic Providers**

SVM's Naturopathic Providers are board certified and licensed as primary care providers with prescription rights in Oregon. They are trained as specialists in natural medicine and may be credentialed as a N.D. (Naturopathic Doctor); M.D (Medical Doctor); N.P. (Nurse Practitioner) and D.C. (Doctor of Chiropractic).

Siskiyou Vital Medicine's providers are selected with great care, considering not only their medical qualifications but also their bedside manner.



## **Contacting our Providers**

Membership includes access to your provider on your terms. Our providers are available via phone, text, email, & video conferencing. If you have immediate, non-life threatening concerns after business hours, please call (541) 210-5687 and leave a message. A response is typically within 4 hours. Calls after 8 pm will be returned the next morning after 8 am. For emergencies call 911 or go to hospital.

## **Membership Plan**

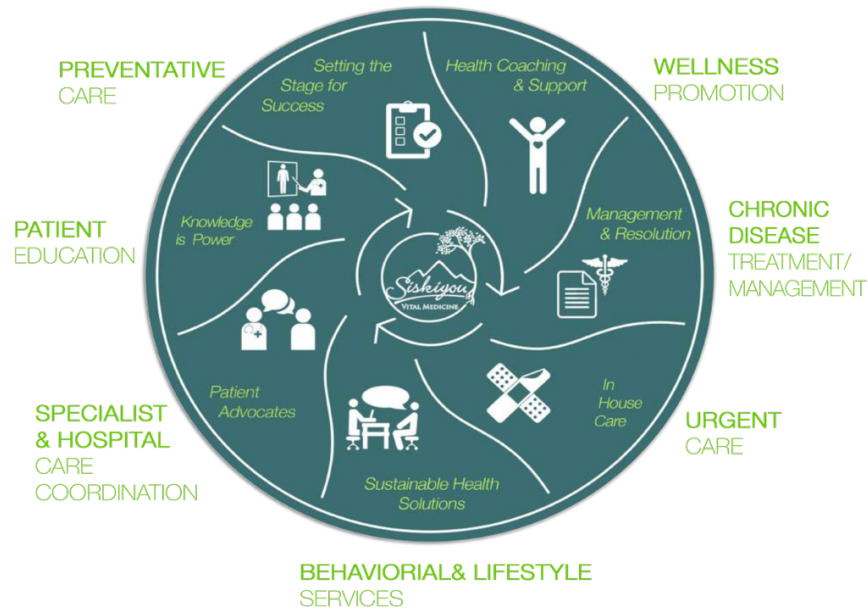
Our MP provides you the one-on-one time with SVM providers and ongoing continuous care. Membership is not an insurance and does not function as an insurance policy or replace health insurance.

When you initially sign up, you will have the option of choosing which provider you wish to work with as your “primary” provider. Access to appointments with other SVM providers are included when referred by your primary provider.

## **Disclosure of Service - Exclusion**

The member services provided by Siskiyou Vital Medicine, LLC are solely those described in your Member Services Agreement. If a health service is not specified in the Membership Services Agreement, there may be an additional fee associated with the service. When in doubt, ask at our front office if the service is included. All fees incurred by the patient(s) are the patient(s)’s sole responsibility. This includes equipment, medical materials, labs, imaging, etc.

**INCLUDED SERVICES ARE OUTLINED IN YOUR  
MEMBERSHIP SERVICES AGREEMENT**



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**Services NOT Included in our Membership Plans:**

Any service that is not within the scope of naturopathic medicine in the state of Oregon as defined in ORS 685

- Extensive Chiropractic (Extra charge applies)
- Dental care
- Emergency room care
- OB/pregnancy care
- Hospital care
- Emergency psychiatric
- Attending provider at hospital
- Cost of filling prescriptions
- Cosmetic surgery
- Drug and alcohol dependency treatment
- Hearing care
- Maternity/prenatal care
- Outpatient surgery center care
- Psychiatric care
- Sterilization



- Vision care
- DOT (Truck Driver) physicals
- Outpatient diagnostic procedures such as colonoscopy, endoscopy, radiology, ultrasound, CT scan, MRI, PET scan, advanced cardiac diagnostic tests, and mammograms.
- Facility fees, such as Hospital, Nursing Home, Hospice Residential Care, Home Health and any other Facility fees.

## **Urgent Care for Members**

If Urgent Care for a non-life threatening event is needed outside of normal business hours, it is imperative that you call 541-210-5687. On the weekends, most of the time, a provider will be available to take care of more urgent complaints between 8 am to 8 pm that cannot wait until normal business hours. If the complaint is one that cannot be resolved via telecommunication and/or there is not an SVM provider available for an in-person visit, you will be referred to an urgent care department or the emergency room. While the majority of urgent care needs will be able to be met at SVM's facility, there is always the possibility that what is required for your specific case is not available and an ER referral is necessary for access to the required treatment. For life threatening conditions call 911.

## **Hospital Care Privileges**

If you should require hospitalization, SVM will coordinate with an admitting facility/provider in an effort to ensure you are receiving care congruent with your standards and expectations in a timely manner. You always have the right to self-admit by going directly to a hospital emergency room.

## **Member Rights and Responsibilities**

We believe that if you understand your rights and responsibilities, you are better able to participate in your health care. These rights and responsibilities also apply to your designated representative, guardian, or next of kin if you are unable to advocate on your own behalf, or to a parent or legal guardian, if you are a minor.

## Member Rights

A Member and/or his/her legal representative has the rights to:

- Receive compassionate, competent, respectful treatment and care.
- Access to care regardless of race, color, religion, gender, ethnic origin, age, disability, source of payment, or any other classification prohibited by law.
- Interpreter services in the language of your choice. (at additional costs).
- Be interviewed and examined in surroundings that permit reasonable visual and auditory privacy.
- Have another person present during examination and/or treatment.
- Receive complete, current information concerning diagnosis, treatment, and prognosis in terms reasonably understood.
- Participate in decisions about your care, including consent, withdrawal of consent, and preparation of advance directives.
- Refuse treatment and accept the potential consequences of that choice after thorough explanation.
- Expect reasonable continuity of care.
- Know the identity and professional status of health care providers.
- Receive informed consent regarding procedures, risks and alternatives, and receive answers to questions with respect to treatment.
- Bring complaints or grievances to the attention of staff without jeopardizing access to current or future care or services.
- Disclosure of unanticipated outcomes.
- Access, copy, and amend medical records.
- Know that your medical records will remain confidential and will be released only with your written permission or if the law specifically requires or permits reporting.
- Request certain restrictions on how your medical information is used.
- Receive a notice of our privacy practices.
- Contact the Oregon Department of Consumer and Business Services during any point of a resolution process of a situation or complaint.

## Member Responsibilities

A Member and/or his/her legal representative has the responsibility to:

- Be honest and forthright with the provider and office staff and to provide accurate and complete information about present complaints, past illnesses, accidents, hospitalizations, medications and any other information related to his/her health.
- Report to the provider in a timely manner any new incident, trauma or changes in his/her health condition.
- Acknowledge and consider instructions provided by the provider and/or office staff.
- Request clarification about any aspect of his/her care not fully comprehended.
- Keep scheduled appointments or give adequate notice of delay or cancellation.
- Show respect and consideration for health care personnel, property, and other patients.
- Be an active participant in making informed health care decisions.
- Accept the consequences when you do not comply with plan of care or treatment.
- Follow the terms and conditions of the Member Services Agreement.
- Meet financial commitments to pay all expenses associated with services received.

If you have a concern at any time during or after you receive services, we ask that you communicate with us. Our staff will do everything it can to respond and resolve the issue in a timely manner. Please see SVM's Complaint and Grievance Policy on page 11.

At any time, Patients have the right to contact the Department of Consumer and Business Services. You can contact Consumer Advocates at the Department of Consumer and Business Services Toll Free: (888) 977-4894 By Email: [dcbs.inmail@state.or.us](mailto:dcbs.inmail@state.or.us) or visit their website at [www.insurance.oregon.gov](http://www.insurance.oregon.gov)

You may also contact:

U.S. Department of Human Services  
Office of Civil Rights  
(1-866-627-7748)  
or at the following address:

Office for Civil Rights  
U.S. Department of Health & Human Services  
2201 Sixth Avenue- Mail Stop RX-11  
Seattle, WA 98127



## **Notice of Complaint and Grievance Policy**

THIS NOTICE DESCRIBES SVM'S COMPLAINT AND GRIEVANCE PROCESS/POLICY. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

It is SVM's utmost priority that all patients and their representatives have positive experiences, treatments and outcomes. If a patient and/or their representative have any complaints and/or grievances, the issue will be treated with respect and addressed in a timely and appropriate manner for resolution.

A complaint or grievance will not compromise a patient's future access to care, nor influence in any way the medical care received.

SVM's Complaint and Grievance Department is committed to providing a fair, fast, and objective review of complaints and grievances in order to bring resolution to the matter and improve your patient experience.

Patients, their family, and/or their representative may express any concerns or problems, at anytime, by talking with any member of the SVM team or contacting SVM's Patient Experience Director: Sandra Duncan at (541) 210-5687

## **Complaint and Grievance Process**

Every effort will be made to resolve the complaint at the time it is received but if it is not, a Patient Concern Form will be initiated on the behalf of the patient and/or their representative.

At the minimum, the information provided will include:

- Name of complainant and relationship to patient
- Contact number where the complainant can be reached
- Nature of the complaint and date of occurrence

- Date and time the complaint was received
- Actions taken to resolve the issue
- Name of the person taking the complaint

All Patient/Family Concern Forms will be forwarded directly to the SVM's Patient Experience Director or investigation and response/resolution.

SVM's Patient Experience Director will attempt to contact the complainant within three (3) business days to acknowledge receipt of the grievance and to elicit information, as needed, to further investigate and resolve the concern.

When necessary and/or appropriate, a grievance may be forwarded to another one of SVM's directors or administrators for further investigation and/or resolution.

A written response will be provided to the patient or representative within seven (7) calendar days after the complaint or grievance is filed. The response will contain the steps taken on behalf of the patient to investigate the complaint, the results of the evaluation, and any other follow-up information.

If seven (7) calendar days have passed and the grievance is not resolved the patient or patient's representative will be informed that SVM is still working to resolve the grievance and will follow up with a written status report within another seven (7) days.

At any time in the resolution process the patient and/or their representative have the right to contact consumer advocates at the Oregon Department of Consumer and Business Services Toll Free: (888) 977-4894 By Email: [dcbs.inmail@state.or.us](mailto:dcbs.inmail@state.or.us) or visit their website at [www.insurance.oregon.gov](http://www.insurance.oregon.gov)

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*If you have questions about this notice, please contact:*

*Siskiyou Vital Medicine*

*541-210-5687*

*admin@siskiyouvitalmedicine.com*

*940 Ellendale, Suite 102*

*Medford, OR 94504*

We take our responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care. We are dedicated to defending your right to a confidential relationship with your physician.

This notice is intended to inform you of how we protect, use and disclose your information, as well as to explain your right to control these disclosures.

### **YOUR HEALTH INFORMATION**

We may use and disclose health information about you without your permission for the following purposes:

1. We may disclose your information for treatment purposes and to coordinate your medical care.
2. We may disclose your information to ensure that you receive insurance benefits.
3. We may disclose your information internally to enhance the operation of our practice. This includes our commitment to reviewing the quality of care we provide.
4. We may disclose your information to comply with a limited number of legal requirements, as outlined in this notice.

Additional information regarding each of these disclosures is provided in this notice. In any case, we will only disclose the minimum amount of information necessary for the purpose it was requested.

**Effective Date: February 9, 2021**



## **OUR DUTIES**

We are required by law to keep your information private. We must also provide you with this Notice and abide by its terms. We may need to revise our privacy practices from time to time. We expressly reserve the right to change the terms of our Notice of Privacy Practices and to make the new terms effective for all information covered by our Notice. If such changes occur, we will let you know about the new terms by providing a copy of the changes.

## **YOUR PRIVACY RIGHTS**

Please note that you're entitled to very specific rights regarding the use and disclosure of your information. We have listed your rights below:

### **Right to Inspect and Copy**

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our designated contact in order to inspect and/or copy your information. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other associated supplies. You may also choose to receive a copy of your health information in electronic form.

We may deny your request to inspect and/or copy information in certain limited circumstances. If you are denied access to your health information, you can ask that the denial be reviewed. If the law requires such a review, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

### **Right to Amend**

If you believe our records contain errors, you may make a written request that they be amended. We reserve the right to review your request and can decline to amend the record. We are required to place a copy of your proposed amendment in the record, even when we do not agree to amend the record itself.

We may deny your request for an amendment if we did not create the information, unless the person or entity that created the information is no longer available to make the amendment.

### **Right to Request Restrictions**

You have the right to request restrictions on the use and disclosure of your information. We are not required to agree to your request. If we do agree, we will comply to the best of our ability unless the information is needed to provide you with emergency treatment. To request restrictions, you may complete and submit the **Request for Restriction on Use/Disclosure of Medical Information** to our designated Privacy Officer/Contact. If your restriction invalidates your insurance coverage, we may require you to execute a waiver of insurance benefits and a payment agreement.

### **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.

To request confidential communications, you may complete and submit the form **Request for Restriction on Use/Disclosure of Medical Information** to our designated Privacy Officer/Contact. 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. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact our designated Privacy Officer/Contact.*

### **Right to an Accounting of Disclosures**

*You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations.*

*To obtain this list, you must submit your request in writing to our designated Privacy Officer/Contact. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what format you want the list (for example, on paper or electronically).*

*The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred*

### **Complaints and Investigations**

*We have developed procedures for investigating any complaints or concerns you may have regarding our use and disclosure of your information or any other complaint you may have regarding our services. The law allows you to contact the Secretary of the Department of Health and Human Services with complaints about our use and disclosure of information.*

*You may also contact our on-site Privacy Officer/Contact, who is dedicated to investigating complaints regarding the use and disclosure of information in our care. We will not, and legally cannot, retaliate against you for any complaint.*

### **Types of Use and Disclosure of Your Protected Health Information**

*We may disclose your information for the following purposes **without** your consent:*

#### **For Treatment Purposes**

*We may disclose information needed for the provision, coordination or management of health care and related services, including the coordination between our office and a third party, such as a consultation between medical providers or a referral from our office to another provider. Personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other health-care providers may be part of your medical care outside this office and may require information about you that we have.*

#### **For Payment**

*To obtain reimbursement from your insurer, we may be required to disclose your information. This may be necessary for determining your eligibility for coverage and adjudication of claims, billing, claims management and collections activities. We may also be required to disclose your information to your insurer for review of the medical necessity, coverage, appropriateness or justification of our charges. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover*



the treatment. You have the right to restrict disclosures of your PHI to a health plan if you have paid out-of-pocket in full for the treatment.

### **For Health Care Operations**

We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. Healthcare operations may include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of healthcare professionals or evaluating practitioner and provider performance
- Conducting training programs, accreditation, certification, licensing or credentialing activities
- Arranging for or conducting medical review, legal services or auditing functions, including fraud and abuse detection and compliance programs
- Managing and operating our practice, including activities such as customer service and complaint resolution

### **Appointment Reminders**

We may contact you (via voice mail messages, postcards or letters) as a reminder that you have an appointment for your treatment or medical care at our office.

### **Treatment Alternatives**

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. We also may tell you about health-related products or services that may be of interest to you.

### **Marketing Health-Related Services**

We will not use your health information for marketing communications without your written, prior authorization. We will not sell your PHI to another organization for marketing or any other purposes.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

- 1. To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- 2. Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- 3. Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- 4. Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- 5. Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

- 6. Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- 7. Public Health Risks.** We may disclose health information about you for public health reason in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- 8. Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- 9. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- 10. Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- 11. Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
- 12. Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- 13. Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object.
- 14. Deceased Person's PHI** may be disclosed by our practice to family or others involved in the person's care or payment for care, unless our practice knows the deceased preferred that certain people not receive the PHI. Disclosures are limited to the PHI directly relevant to the person's involvement.

**For example,** we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

#### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you.

If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, **in writing**, at any time.

If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization. However, we cannot take back any uses or disclosures already made with your permission.

*You have the right to be notified following a breach of your PHI by our practice.*

### **COMPLAINTS**

*If you have any questions or concerns about this notice or our privacy practices, please contact us at (541) 210-5687. If you believe your privacy rights have been violated, you may file a complaint with Siskiyou Vital Medicine, LLC at the following address: Siskiyou Vital Medicine 940 Ellendale Rd., Suite 102 Medford, OR, 97504*

*You may also contact the U.S. Department of Health and Human Services Office of Civil Rights at their toll-free telephone number (1-866-627-7748) or at the following address: Office for Civil Rights U.S. Department of Health & Human Services  
2201 Sixth Avenue Mail Stop RX-11 Seattle, WA 98121  
There will be no retaliation for filing a complaint.*

*SISKIYOU VITAL MEDICINE  
541-210-5687  
admin@siskiyovitalmedicine.com  
940 Ellendale, Suite 102  
Medford, OR 97504*



## Definitions

**Basic Lab Panel** is defined as Complete Blood Count w/auto-differential of white blood cells, Comprehensive Metabolic Panel, Lipid Panel, and HgA1C. These labs are included in the cost of membership at no extra cost. Any additional required labs will be out of pocket at a discounted rate.

**Discount on Herbs, Nutraceuticals, and Injectables** is defined as the corresponding discount available off of the retail price of a product(s) in our Medicinary.

**House Call** is defined as a physical visit to your home by one of SVM's Providers. House Calls are available with certain restrictions determined by the providers upon consultation with the patient and up to a 10-mile radius from our clinic. Your usual provider will make all possible attempts to be the one making the house call. However, if circumstances dictate, another provider may be the one who makes the call.

**Member** is defined as a person(s) who voluntarily elects SVM and their Providers to provide primary medical care, as set forth in the terms of the Membership Services Agreement.

**Membership Services Agreement** is defined as a contract between SVM and an individual patient or his or her legal representative and/or family in which SVM agree to provide primary care services to the individual patient(s) at the agreed upon level of membership.

**Naturopathic Doctor** means a person who holds a degree of Doctor of Naturopathic Medicine and is licensed under ORS Chapter 685.

**Naturopathic Provider** means a person who holds a degree in medicine and is authorized by the State of Oregon to provide primary care services. This may include N.D. (Naturopathic Doctor), M.D. (Medical Doctor), N.P. (Nurse Practitioner), D.C. (Doctor of Chiropractic)



**Provider/Provider** is defined as an individual or other legal entity that is licensed, registered, or otherwise authorized to provide primary care services in Oregon.

**Provider Visit** is defined as a scheduled appointment with a SVM provider. Length of time does not matter in regards to what constitutes a visit. 15 minutes and an hour are both considered a visit. Length and the amount of necessary visits are at the provider's discretion based on their personal medical judgment and management approach. In the event of your usual provider being absent, another SVM provider will be available to schedule a visit.

**SVM's Medicinary Products** include vitamins, minerals, medicinal herbs, food supplements, and homeopathics. The goal of it is to support body systems that need healing, provide cleaner, healthier solutions to products used on a daily basis, and to support a healthy diet and lifestyle.

**Urgent Care** is defined as the diagnosis and treatment of medical conditions, which are serious or acute. These are conditions that do not pose any immediate threat to life and/or health but require medical attention within 24-48 hours.

**Wholesale Lab Testing** is defined as sharing the discounted provider laboratory rate directly with all SVM members. We are passing this discount on to you, which means we are helping you to better afford necessary labs. You will pay us directly for any labs at the time of service in order for us to pay the lab when they charge us.

**Your Providers Personal Email** is defined as access to your chosen provider's personal email address as a benefit of the Membership Package. When leaving email messages, your provider will respond to you within 7 to 10 business days, except in rare situations where your provider may have limited access to internet/email. You will be informed in advance if this is the case, and the on-call provider will always be available to answer your questions.