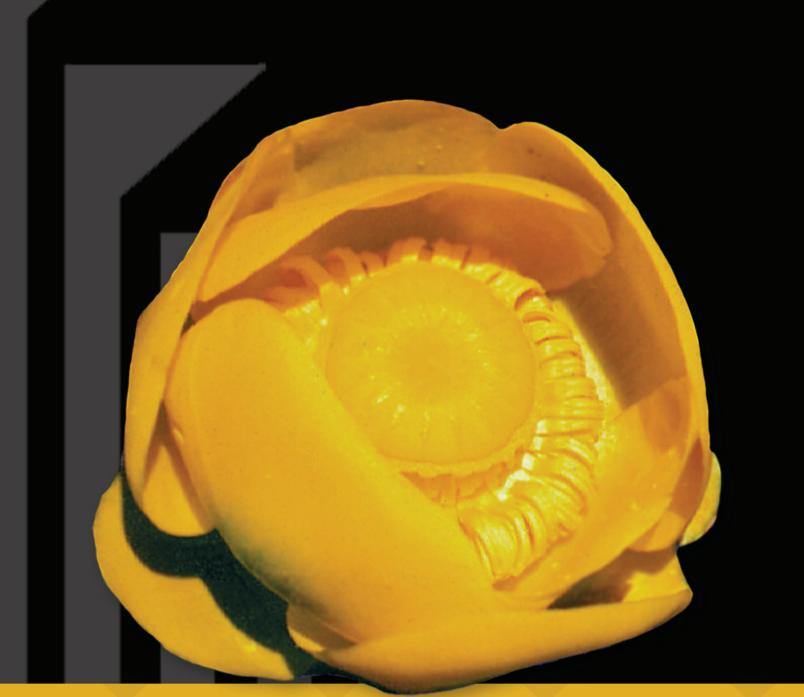
# Patient Handbook



"Mo ben die hos Intemblek - To be in good health again"

Waq' lis ?i - Welcome/Greetings! Thank you for choosing Klamath Tribal Health & Family Ser-vices (KTHFS) as your primary healthcare provider. We look forward to helping you achieve your healthcare goals. Whether you wish to be seen for sick care, a routine physical exam, or need one-on-one help managing diabetes or depression—you will find our services are top quality. We take pride in offering a wide variety of quality, culturally-relevant healthcare programs designed for patients of all ages.

KTHFS LOCATION(S)	SERVICES	HOURS OF OPERATION
<b>KTHFS Wellness Center</b> 330 Chiloquin Boulevard Chiloquin, OR 97624	*Medical Clinic	M-F, 7:30am - 4:00pm Same-Day Appointments upon availability.
Telephone: (541) 882-1487 (800) 552-6290 (Toll free)	*Dental Clinic	M-F, 7:30am - 4:00pm Walk-ins, M-Th 7:30am - 4:00pm Fridays 7:30am - 12noon
Medical Fax: (541) 783-3273  **Office closure times subject to change.	*Pharmacy	M-F, 7:30am - 4:00pm Closed during lunch
Office crosure times subject to change.		Closed during lunen
wah? we'ah owite - Healing Place Youth & Family Guidance Center 6000 New Way Klamath Falls, OR 97601	*Patient Benefits Services *Community Health Program *Behavioral Health Clinic *Mental Health Care Treatment	M-F, 8:00am - 5:00pm Same-Day Appointments upon availability Open during lunch
Telephone: (541) 884-1841 Fax: (541) 884-1851	*Opioid Prevention  *Prevention & Recovery Support Serv  *Prevention services/activities for You	
<b>KTHFS Administration Headquarters</b> 3949 S. 6th Street Klamath Falls, OR 97603  Telephone: (541) 882-1487 (800) 552-6290 (Toll free) Fax: (541) 882-1670	*Purchased/ReferredCare (PRC)  *Human Resources/KTHFS Jobs  *Transportation Services  *Administration Offices, Compliance,  *Information Systems & Technology I  *Facilities/Security Department  *Finance Department, Business Office	Department
PRC Fax: (541)851-3981		
Health Education Center 204 Pioneer Street Chiloquin, OR 97624 Telephone: (541) 882-1487	*Diabetes Management *Tobacco/Vaping Cessation & Prevent *Maternal Fetal Health Education *Nutrition Counseling/Education	M-F, 7:30am - 4:00pm Closed during lunch ion
Engagement/Transitional Center 633 Main Street Klamath Falls, OR 97601 Telephone: (541) 851-3414	*Homeless Case Management *Housing for Homeless Community	M-F, 8:00am - 3:00pm Closed during lunch

Ily Integrated Care	Team:		
Medical Provider:			
Medical Assistant:			
Dentist & Dental Hyg	ienist:		
Behavioral Health Cor	unselor:		
Purchased/Referred C	are Contact:		
Patient Benefits Coord	dinator:		
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### **Eligibility / Becoming a Patient**

American Indians/Alaska Natives from federally recognized tribes are eligible for direct services. Direct Services include services provided by Klamath Tribal Health & Family Services that are available on-site, unless otherwise noted. New patients must submit a Patient Registration Packet and copies of required documentation. For more information, please contact the Patient Registration Department or check out our website: www.klamathtribalhealth.org

### **Appointments**

We encourage you to make appointments for services to help us prepare for your visit. To schedule an appointment, please call (541)882-1487. Every time you arrive for an appointment, you will be asked to update your patient registration information (e.g., address, telephone number, health insurance status, etc.).

### **Same-Day**

Same-Day services are available Monday-Friday for acute-care conditions. We will do our best to accommodate our established patients for sick care.

### **Appointment Cancellations**

If you cannot make your scheduled appointment, please let us know 24 hours ahead of time or as soon as possible by calling (541)882-1487 or (541)884-1841. Please leave a detailed message on our confidential General Voice Mailbox if you are calling after regular business hours.

### **Transportation**

Non-emergency transportation services are offered by appointment only. Please call us to schedule a ride: (541)882-1847 ext. 248. Priority groups include: elders, dialysis and cancer treatment patients, disabled individuals, and children. We are happy to transport young children; however, they must remain accompanied by an adult during the entire duration of the appointment. Food and/or beverages (including alcohol and commercial tobacco products) are not permitted in KTHFS/GSA vehicles. Under no situation will an intoxicated individual be transported.

### **After Hours Coverage**

KTHFS offers clinical advice to you after regular business hours and on weekends, call (541) 882-1487. Calls are answered by our answering service. The patient's information is forwarded to the nurse or practitioner on call.

### **Nurse Advice Line**

To receive timely and evidence-based health information after regular business hours, you may reach our Nurse Advice Line by calling (541)882-1487. Calls to the Nurse Advice Line are forwarded by our answering service.

### **Emergencies**

Call 911 or visit your nearest hospital emergency room in the event of a life-threatening emergency (such as severe shortness of breath, severe chest pain, serious burns, major trauma or bleeding, loss of life or limb, etc.) or other emergencies that involves the risk of harm to self or others. Klamath Tribal Health & Family Services is not equipped or staffed to treat life-threatening emergencies.

Patients eligible for Purchased/Referred Care (formerly CHS) must call and leave a message for the Purchased/Referred Care Department at (541)882-1487 within seventy-two (72) hours if they go to the emergency room.

Please refer to the Purchased/Referred Care section of this handbook for more information - see page 7.

### **Patient Benefit Coordinators**

Need help applying for health insurance? KTHFS has staff available on-site that specialize in assisting clients with Oregon Health Plan applications or other qualified health plans. One-on-one appointments, home visits, and transportation to local health resource agencies are available. Indian Health Service funding received is limited; therefore, patients are asked to apply for other state and federal resources for which they may be eligible. We rely on revenues gained from billing insurance companies in order to maintain or expand our programs. When payment for services rendered are received by a tribal health program, additional revenues help us provide greater access to quality care, more equipment, medical specialists, improvement of existing services, and more.

### Referrals

If you need health care that is beyond the scope of service provided by KTHFS, you will be referred to a specialist. To ensure continuity of care, your primary care provider will coordinate with specialists and other health care providers in the area. Payment for referrals or other services rendered outside of KTHFS are not guaranteed. Purchased/Referred Care eligible patients must follow P/RC guidelines.

### **Office Closures**

KTHFS observes the following federal and tribal holidays. All KTHFS offices will be closed.

Independence Day	Thanksgiving Holiday
Klamath Restoration	(Thurs.)
Labor Day	Day After Thanksgiving (Fri)
National Indian Day	Christmas Eve
Veteran's Day	Christmas Day
	Klamath Restoration Labor Day National Indian Day

**Winter Weather Advisory:** Klamath Tribal Health & Family Services may close, partially close, open late or close early due to heavy snowfall or icy road conditions. Notices are posted on our website and Facebook page.

**Staff In-Service Days:** Twice per year (summer and winter), KTHFS will close programs for staff training (education) days. Announcements are posted ahead of time on our website and Facebook page.

### **Patient Portal**

As a service to you, Klamath Tribal Health & Family Services has implemented the Intelichart Patient Portal. As a patient, you can easily and securely access your own health information using the secure Patient Portal web-site. Once you enroll, you can access the following information:

- View your upcoming appointments
- View your lab results
- View your medical chart
- Request your Personal Health Record

If you would like to enroll in our Patient Portal, or if you have questions about it, please contact the Medical Department at 541-882-1487.

Patient Portal Website: www.klamathtribalhealth.org

### **Medical Clinic Services**

The Klamath Tribal Health & Wellness Center offers comprehensive primary care for the entire family. Services are provided by physicians and family nurse practitioners. Services include:

- \* Preventive care for children and adults
- \* Family planning and birth control
- \* Routine check-ups, physical exams
- \* Community Health Nursing Program
- \* X-ray
- \* Referral service
- \* Chronic disease management

- \* Cancer screenings
- \* Immunizations (adult and pediatric)
- \* Treatment for acute illnesses (sick care)
- \* Laboratory
- \* Minor surgical procedures
- \* Treatment of minor injuries
- \* Diebetic Eye Screening

### **Dental Clinic Services**

General dentistry services are provided by a highly skilled team of providers made up of our general dentists, registered dental hygienists, and more. We offer a full range of preventative and restorative dental services to help preserve a healthy smile. Comprehensive dental exams include x-rays, cleanings, and oral cancer screening. Preventative treatment may include prophylaxis (cleanings), sealants and fluoride varnish. Restorative therapy may include fillings, root canals, crowns, bridges and dentures. Oral surgery may include tooth extractions or other minor procedures.

Same-day appointments for dental emergencies are available Monday-Thursday (7:30 a.m. to 10:30 a.m. & 1:00 p.m.- 2:30 p.m.) Fridays (7:30 a.m. to 10:30 a.m. only). In order to prevent dental emergencies, we strongly recommend regular check-ups and completion of a dental treatment plan.

Please speak with your dentist or hygienist.

### **Behavioral Health**

A compassionate team of licensed or certified behavioral health professionals are available to help individuals of all ages experiencing mental health and substance use issues such as depression, anxiety, grief and trauma, as well as alcohol and drug addiction.

Mental Health Services include:

- Mental Health Assessments
- Counseling for Individuals, Couples and Groups
- Dual Diagnosis Groups
- Emotion/Life Skills Coaching
- Parent Education
- Play Therapy
- Primary Care-based Services
- Psychosocial Education
- School-based Services
- Trauma Recovery/ Trauma Informed Care Substance Treatment Services:
- Assessment
- Adult and Youth Individual & Group Counseling
- Anger Management Classes
- Drug Court
- DUII Diversion
- DUII Rehabilitation/Education
- Relapse Prevention/Aftercare

### **Pharmacy Services**

Patients may receive prescriptions at no cost from our pharmacy located at the KTHFS Wellness Center in Chiloquin. Prescriptions must be prescribed by our clinic providers; however, "Purchased / Referred Care" eligible patients may receive prescriptions written by prescriber's outside of our clinic. The pharmacy can only fill for prescription products listed on our medication formulary. However, "Purchased/Referred Care" eligible patients may receive non-formulary medications when medically necessary or formulary alternatives are not available. Our pharmacy will work with you and your provider to help select medications that will work for you.

**Refills:** Please contact the pharmacy (in person, by phone, by phone app, or through the website) to request your prescription refills. Please request refills 3 working days before you plan to pick up your medications. This time is needed to fill your prescriptions and obtain authorization for refills from your provider if necessary. It will also provide us time to order your medication if we don't have it in stock. When requesting your prescriptions, please provide the prescription number or name of your medications.

Home Delivery of Prescriptions: You may be eligible for home delivery of prescriptions if you are eligible for Purchased/Referred Care (formerly Contract Health Services) and you are at least 65 years old and/or have a physical/mental disability limiting your ability to drive. Other urgent and critical conditions may permit home delivery on a temporary basis. Please contact our pharmacy to inquire about home delivery on a regular or temporary basis.

### **Purchased/Referred Care (formerly Contract Health Services)**

Services for Purchased/Referred Care are provided by providers outside the KTHFS direct care system. Determination of eligibility for the P/RC program is the responsibility of the P/RC staff. This program has its own set of federal rules and regulations. P/RC is not an entitlement program, insurance program, or an established benefit package. P/RC payments for health care services are authorized based on clearly defined guidelines and eligibility criteria and are subject to the availability of funds. For more information, please contact the Purchased/Referred Care Department.

Location: 3949 S. 6th Street, Klamath Falls, OR 97603

Call: (541)882-1487 Purchased/Referred Care Fax: (541)883-7501

Office Hours: Monday – Friday: 8:00 a.m. – 5:00 p.m.

### Purchased/Referred Care (P/RC) is utilized in situations where:

- No tribal or IHS direct care facility exists.
- The IHS or tribal direct care facility cannot provide the required emergency and/or specialty care.
- A patient's alternate resource(s) is not enough to cover the total of required care.
- The service is determined to be within established medical/dental priorities.

### After Hours Medical or Dental Services (Emergency)

If you have an emergency need to access dental or medical services while the KTHFS offices are closed: Call 911 or visit the nearest emergency room.

Use of the Hospital Emergency Room may be reviewed for urgency of the service(s) provided. In the event you must utilize the hospital emergency room, you or an individual acting on your behalf must notify the Purchase/Referred Care Department (541-882-1487) within 72 hours and leave a message with the following information:

• Your first and last name

Date and time

• Your date of birth

- Reason for medical or dental treatment
- Your phone number or another number where you can be reached

You will be contacted by KTHFS P/RC staff during regular business hours.

### **Health Education & Prevention Events**

Your overall health and wellness is important to us. KTHFS offers a wide variety of special classes, programs, activities, and events designed for individuals of all ages. All activities, from diabetes self-management classes to Positive Indian Parenting courses, are designed to promote good health and encourage positive lifestyle choices through cultural practices, family and community bonding, education, and skill building. An Annual Events Calendar is available on our website homepage at (www.klamathtribalhealth.org) or you may call (541)882-1487 for registration or availability. We hope you will join us!

- American Indian Life Skills Classes for Youth
- Child Passenger Safety Seat Installation, and Education, through the Medical Department
- Culture Club—Drumming, Regalia Making, and More
- Diabetes Prevention Program
- Health Fairs
- Maternal and Child Health Program
- Mental Health Promotion / Suicide Prevention Activities
- Nutritional Counseling
- Oral / Dental Health Prevention Education
- Positive Indian Parenting Courses
- School break and year-round cultural activities for youth and families
- Tobacco/Vaping Cessation & Prevention
- Sweat lodge Ceremony
- Talking Circles
- Cancer Prevention Retreats for men and women

### **Patient Feedback**

KTHFS is committed to providing healthcare services of the highest quality and we want you to be satisfied with services you receive at all times. Patients are encouraged to express positive feedback or make suggestions for improvement and register a grievance or complaint. Please share your dissatisfaction any time we fail to meet your expectations. It is best to communicate your dissatisfaction in writing so that we may conduct the appropriate follow up with staff. Patient Complaint Forms are available on our website (www.klamathtribalhealth.org) or by asking any KTHFS staff member.

### **Confidentiality**

KTHFS is dedicated to preserving patient confidentiality. KTHFS complies with applicable laws and regulations, including the Health Information Portability and Accountability Act of 1996 (HIPAA). A full-length copy of our Notice of Privacy Practices is provided to patients at the time of your first appointment and is also available upon request or by visiting our website. All patients must sign an Acknowledgement of Receipt of Notice of Privacy Practices. The Notice of Privacy Practices outlines how information about you may be disclosed. We encourage our patients to carefully read this important document.

### **Obtaining Your Medical Records**

If you decide you would like to share your protected health information with another individual or healthcare facility, you will need to complete and sign our KTHFS Form 810: Authorization to Use and/or Disclose Pro-tected Health Information. This form becomes a part of your medical record. **Non-KTHFS Authorizations** for Use and/or Disclosure of Protected Health Information are not accepted.

Forms may be mailed or faxed to:

Attn: Medical Records Department c/o KTHFS Wellness Center PO BOX 490 Chiloquin, OR 97624

\*Medical Records Fax: (541) 783-3273

### **Compliance**

We are committed to providing service with ethics and integrity. For guidance on ethics or compliance issues, or to report a suspected violation, or if you have any concerns regarding your rights or privacy, please call our Compliance Helpline at (541) 882-1487, ext 221.

### **Patient Rights & Responsibilities**

KTHFS is committed to providing high quality care that is fair, responsive, and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers.

### A. Patient Rights. Every patient shall have the right to:

- 1. Receive high quality care based on professional standards of practice.
- 2. Be treated with courtesy, consideration and respect by all KTHFS staff, at all times and under all circumstances, and in a manner that respects his or her culture, dignity and privacy.
- 3. Be informed of KTHFS's Privacy Policies and Procedures, as the policies relate to individually identifiable health information. Every patient will receive a copy of the KTHFS Notice of Privacy Practices.
- 4. Expect that KTHFS will keep all medical records confidential and will release such information only with his or her written authorization, in response to court order or subpoenas, or as otherwise permitted or required by law.
- 5. Access, review and/or copy his or her medical records, upon request, at a mutually designated time (or, as appropriate, have a legal custodian access, review and/or copy such records), and request amendment to such records.
- 6. Know the name and qualifications of all individuals responsible for his or her health care and be informed of how to contact these individuals.
- 7. Consent or decline the presence of all other persons allowed in patient care areas that are not authorized staff (for example, student/observers, etc.).
- 8. Request a different health care provider if he or she is dissatisfied with the person assigned by KTHFS. KTHFS will use best efforts, but cannot guarantee that reassignment requests will be accommodated.

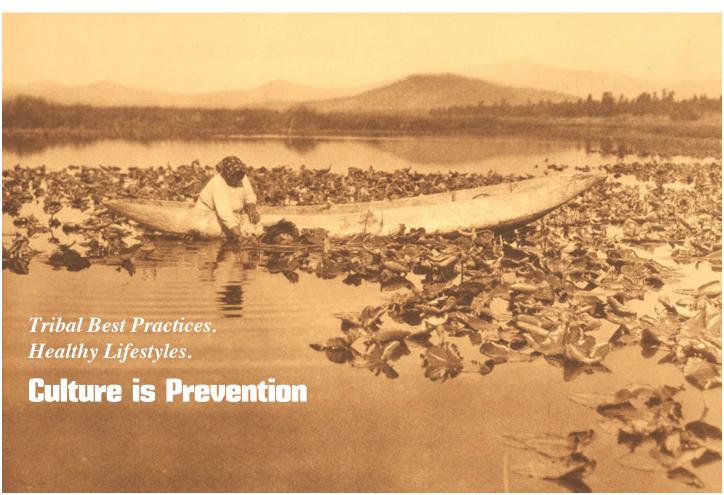
- 9. Receive a complete, accurate, easily understood, and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives (including no treatment), and associated risks/benefits.
- 10. Receive information regarding services available, including provisions for after-hours and emergency care, support services such as but not limited to non-emergent transportation and health education services.
- 11. Receive sufficient information to participate fully in decisions related to his or her health care and to provide informed consent prior to any diagnostic or therapeutic procedure (except in emergencies). If a patient is unable to participate fully, he or she has the right to be represented by parents, guardians, family members or other designated surrogates.
- 12. Ask questions (at any time before, during or after receiving services) regarding any diagnosis, treatment, prognosis and/or planned course of treatment, alternatives and risks, and receive understandable and clear answers to such questions.
- 13. Refuse any treatment (except as prohibited by law), be informed of the alternatives and/or consequences of refusing treatment, which may include KTHFS having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.
- 14. Be informed if any treatment is for purposes of research or is experimental in nature, and be given the opportunity to provide his or her informed consent before such research or experiment will begin (unless such consent is otherwise waived).
- 15. Develop advance directives (or living will, medical power of attorney) and be assured that all health care providers will comply with those directives in accordance with law.
- 16. Designate a surrogate to make health care decision if he or she is or becomes incapacitated.
- 17. Ask for and receive information regarding his or her financial responsibility for any services that the patient is referred out for, (services not performed by KTHFS such as lab work).
- 18. Obtain services without discrimination on the basis of race, ethnicity, gender, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.
- 19. Request any additional assistance necessary to understand and/or comply with KTHFS's administrative procedures and rules, access health care and related services, participate in treatments, or satisfy payment obligations by contacting the PATIENT REGISTRATION DESK.
- 20. File a grievance regarding treatment or care that is (or fails to be) furnished or file a complaint about KTHFS or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. For additional information, please contact the Quality Assurance Specialist. Confidential Patient Complaint or Grievance Forms (Form QMI-1000) are available on the KTHFS website (www.klamathtribalhealth.org), the KTHFS Policy Library (Quality Management and Improvement Chapter), or by asking any receptionist or employee.

21. Be informed of KTHFS's Covid or other Public Health Emergency Policy & Procedures as it pertains to their visit.

### **B.** Patient Responsibilities. Every patient is responsible for:

- 1. Providing accurate personal, demographic (such as a current address and telephone number), health insurance information, and personal medical information (including past illnesses, current treatments and medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities) prior to receiving services from KTHFS and its health care providers.
- 2. Following all KTHFS administrative and operational rules and procedures posted within KTHFS facility(s).
- 3. Following Klamath Tribal Health & Family Services guidelines for patient conduct, to include:
  - a. Behaving at all times in a polite, courteous, considerate and respectful manner to KTHFS staff, contractors, and patients, including respecting the privacy and dignity of other patients.
  - b. Supervising his or her children/grandchildren while in KTHFS facility(s).
  - c. Refraining from abusive, harmful, threatening, or rude conduct towards other patients and/or KTHFS staff.
  - d. Not carrying any type of alcohol, illegal drugs, weapons or explosives onto any KTHFS facility(s) or leased GSA vehicle.
  - e. Demonstrating respect for KTHFS property, including leased GSA vehicles, as well as the personal property of others persons.
- 4. Keeping all scheduled appointments and arriving on time.
- 5. Notifying KTHFS no later than 24 hours (or as soon as possible within 24 hours) prior to the time of an appointment that he/she cannot keep the appointment as scheduled.
- 6. Participating in and following the treatment plan recommended by his or her health care providers, to the extent he or she is able, and working with providers to achieve desired health outcomes.
- 7. Asking questions if he or she does not understand the explanation of (or information regarding) his or her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him or her regarding services.
- 8. Providing an explanation to his or her health care providers if refusing to (or unable to) participate in treatment, to the extent he or she is able, and clearly communicating wants and needs.
- 9. Informing his or her health care providers of any changes or reactions to medication and/or treatment.
- 10. Familiarizing himself or herself with his or her health program eligibility benefits and any exclusions, deductibles, co-payments, and treatment costs.
- 11. Advising KTHFS of any concerns, problems, or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.

- 12. Updating emergency contact information to include any children under the age of 18 who reside in the household and are eligible for services. In case of a life-threatening emergency situation during a patient/client visit, a provider or staff member will dial 911. If the patient is coherent, the patient will be responsible for requesting their provider or a KTHFS staff member to call his/her emergency contact as a courtesy. If the patient is not coherent or unconscious and has a minor(s) accompanying them or no other family member or attendee with them, their emergency contact will be notified.
- 13. To provide KTHFS with a copy of any advance directive documents (living will, health care proxy, medical power of attorney) or other document that could affect your care, if such documents exist.
- 14. Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of KTHFS (including being aware of KTHFS's obligation to treat all patients in an efficient and equitable manner).
- 15. Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.
- 16. Adhere to all Covid or other Public health emergencies related policies and procedures. This includes but is not limited to advising KTHFS prior to your visit if you are experiencing any Covid symptoms, so that appropriate infectious control measures can be taken during your visit.
- 17. Acknowledging receipt, reading, understanding, and upholding the KTHFS policy on patient rights and responsibilities.



# Extraordinary Service is **C.L.E.A.R.**

CLEAR & HEART Methods implemented by KTHFS General Manager, Chanda Aloysius Yates -- Content by: SullivanLuallin Group -- Flowchart re-design by Taylor Tupper (KTHFS Communications)

Handle Complaints with **H.E.A.R.T.** 

* Listen to the upset person, let them get their whole story out - without interrupting.	* Look at the situation through the other person's eyes; acknowledge their right to be upset	* Express sincere regret for their upset actions, anger or frustration	* Re-state the person's concern and ask for details; don't blame anyone else	* Tell what you can do. Thank the person for the chance to help. Refer the problem to your supervisor, as appropriate.
Hear	Empathize	Acknowledge	Review	Take Responsibility
* Acknowledge patients and family members immediately, even with a non-verbal if needed  * Use eye contact and SMILE  * Introduce your self, your job if applicable  * Wear your name badge correctly  * Use the patient's/customer's name  * Tea a friendly, helpful voice tone.	* Maintain eye contact  * Use "active" listening techniques- head nods  to indicate that you're paying attention  * Be relaxed (body language); don't interrupt  * Repeat information for accuracy	<ul> <li>* Make an empathy statement</li> <li>* Describe what's going to happen; explain as you go.</li> <li>* Use layperson's language (not abbreviations or acronyms)</li> <li>* Let patients and family know when delays</li> </ul>	* Check for understanding  * Be sure the patient's/customer's needs have been met:  - "What questions do you have for me?"  - "Is there anything else I can do to make you	* Respond when patients and family members thank you by saying, "You're welcome!" or "It's my pleasure."  * End with a friendly parting comment, "Take Care."
Connect	Listen	Explain	Ask	Re-connect



GENERAL INFORMATION Complaint received by:

### **Patient Complaint or Grievance Form**

Klamath Tribal Health & Family Services

For more information, contact KTHFS, Quality Assurance Specialist 541-882-1487

Patients have the right to file a grievance regarding treatment or care that is (or fails to be) furnished or file a complaint about KTHFS or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner. All complaints are confidential and will be given serious attention. This patient complaint form will be routed to the appropriate Clinical Program Director and/or Department Manager, who will directly address your concern. For additional information, please contact the Quality Assurance Specialist.

Date & Time of Complaint:	
How complaint was initially made or delivered:	□ e-mail □ in person
	□ phone □ in writing
	□ via another person: e.g., KTHFS Employee, HAC, TC
Name of person making the complaint?	
Relationship to the Patient?	
□ Self	
☐ Other; if other, please state relationship:	
Patient Name	
Address (Mandatory)	
Phone number(s) & email	
ABOUT THE COMPLAINT	
Program or Department involved	
Staff involved [include name/title]	
SUMMARY OF PROBLEM OR REASON FOR COMPLA	AINT (ATTACH ADDITIONAL SHEETS OF PAPER, IF
NEEDED).	
Client Signature/Date:	



# waq'lis ?i

# Klamath Tribal Health & Family Services

# **CORE VALUES**

Waq'lis ?i is a term from the Klamath language and means, "How are you?"

Klamath Tribal Health & Family Services has incorporated the word to help convey our core values to one another. Core values are the principles that guide our day to day behaviors, our decisions, our actions, and our relationships with each other and with the people we serve.



**WELLNESS.** We strive to improve the wellbeing of our patients through preventive approaches to health management by providing services to increase balance in body, mind, spirit, and heart.



**ACCOUNTABILITY.** We accept responsibility for our actions, attitudes, and mistakes.



**QUALITY.** We strive to deliver high quality patient care and we all take part in quality improvement activities. We endeavor to ensure patient and employee safety.



**LEADERSHIP EXCELLENCE.** Every KTHFS employee is a leader. Our actions are driven by our desire to do our best at all times. We work together to make the most efficient use of our resources, with dedication, commitment, and perseverance.



**INTEGRITY & ETHICS.** We accept responsibility for our behaviors and aspire to the highest standards of ethical conduct and performance. We are honest in our everyday business dealings. We protect confidentiality and secure patient health information.



**SERVICE & SENSITIVITY.** We demonstrate service to our community by delivering top-notch customer service to all internal and external customers. Going above and beyond for all of our patients is our expectation. We honor cultural traditions and values and we treat others the way we want to be treated, with sensitivity. We always respond to the needs of our patients and fellow co-workers with respect and compassion.



**INNOVATION.** We seek innovative solutions on issues affecting the health of our patients and the status of the organization.







# Our Mission

To advance the overall mission of the Klamath Tribes and the trust responsibilities of the Indian Health Services and the United States government by providing quality, comprehensive, patient-focused health care in a culturally-sensitive manner while eliminating disparities and barriers to health.

## Our Vision

In service of its mission, Klamath Tribal Health & Family Services envisions a vibrant and healthy tribal community through the delivery of an accessible, high-quality, innovative, sustainable, and culturally-relevant healthcare program.



"Sepk'eec'a ?iyyamni mo dic'ii wytas"
"Thank you, and have a good day."