














The health
of each person
is the health
of humanity.



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We offer health care to all regardless of ability to pay.





Your Family's Health Home

A health home gives you whole-person, evidence-based care through direct services and referrals. Total health care can include medical, dental, pharmacy, specialists, mental health, and other programs.

Your health home team is:

- Your provider
- Your nurse
- Others who help with your care
- You

What can you expect from your health care team:

- Introduction to your health care team members and their role
- You and your team will work together
- As part of the team, you will have a chance to share things that are vital to you
- Your team will answer your questions to help you better understand your needs
- When you have health concerns, your team will help you make a care plan just for you
- They will help arrange your care with other health providers
- Working with your team will improve the quality of your health care and shorten the time it takes to get that care

Your health home can:

- Help you understand and manage your care
- Help answer your questions
- Listen to your concerns
- Work with other health care experts when needed to make sure you get the care you need
- Help you to play an active part in your health care

What can you do to help?

Be part of your health home team:

- Talk with your team about your health questions
- Share your health history, successes, and challenges
- Tell your team about other doctors or people who care for you
- Tell your team how you feel about the care you get from them
- Help make a plan of care just for you to address your health issues

Take care of your health:

- Follow the care plan you and your team create
- Make sure you know how to follow the plan
- Set goals you can reach

Once you reach those goals you and your team can talk about adding new goals





Talk with your team:

- Tell them if you have trouble with your care plan
- They will work with you to make changes if needed

During each visit, use this list as a reminder:

- Write down the names of your health care team members
- Bring medication bottles or a list of medications you are taking
- Bring a list of questions you have
- Talk with your team about issues you want to work on first
- Use your own words to repeat back the things you have talked about to your provider and team
- Ask your team how to reach them after hours
- Before you leave, know the things you need to work on before your next visit

Referrals

If you require additional services, your health care team will arrange the referrals to needed specialists. Each clinic has referral specialists to help you and your health care team make these arrangements

Patient Resources & Communication

Patient Communication

There are many reasons you may want to communicate with your clinic. Examples include:

- Scheduling, rescheduling, or canceling appointments
- Communicate with a nurse
- Review visit notes
- Review your medications
- Renew your prescriptions
- View immunization records
- Request lab results
- Questions about your bill
- Questions about your referral
- Questions about health maintenance or annual checks and visits
- Make updates to your profile
- Leave feedback

There are several ways you can communicate with your care team and your care team can communicate with you:

- Phone calls to and from your clinic
- Texts to and from your care team
- MyChart messages to and from your care team through your patient portal





Medical Advice

You can reach your clinic for medical advice by telephone, text, or with a MyChart message. All phone, text, and MyChart message requests should be responded to within 24 hours. If you call after-hours with an urgent medical question, an on-call provider will respond within 30 minutes.

Phone numbers for your location can be found:

- On the YVFWC.com website
- On your clinic's Google page
- On your clinic's Facebook page
- On the clinic brochure that accompanies this book

Translation Services

- Write down the names of your health care team members
- Bring medication bottles or a list of medications you are taking
- Bring a list of questions you have
- Talk with your team about issues you want to work on first
- Use your own words to repeat back the things you have talked about to your provider and team
- Ask your team how to reach them after hours
- Before you leave, know the things you need to work on before your next visit

Many of our staff are bilingual and can provide translation if needed. If translation is necessary for a language not spoken by staff (including sign language), we will offer translation services to you.

If you require translation services, please let the scheduling staff know at the time of making your visit.

Free Info and Referral Search

When you dial 211, you get free, private help with referrals. You can learn where to get help with food, housing, work, health care, counseling, and more. Learn more about your local 211 by visiting the website at 211.org or dialing 211.



When Contacting Us

To help us handle your phone messages efficiently, please have the following:

1. Name and date of birth of the patient
2. Your name (name of the caller)
3. Name of the patient's health care provider
4. Reason for the call
5. Phone number(s) where you can be reached
6. Preferred method of communication
7. Best times for us to call you

After Hours

You can call a medical or dental provider after hours. Call the clinic number on clinic brochure that accompanies this book. You will be connected with an on-call provider, or a staff member will contact you the next business day. If it is an emergency, dial 911.





Paying for Your Care

We have many payment options. We take credit cards, cash, and money orders. We accept Medicaid, Medicare, and most private health plans. Check with your health plan to see if we take your insurance. If you do not have a health plan, our Patient Benefit Coordinators and Billing Customer Service representative will help find coverage for which you may be eligible. These sources include Medicaid, Medicare, private insurance, and other State and local programs.

Reduced fee services: We are committed to making health care affordable and providing needed health care regardless of your ability to pay. We offer a sliding fee discount for those who qualify. The discount is based on household income and family size guidelines.

To help you find a discount, you will need to present one of the documents below:

- Previous year's tax return
- Copies of current pay stub
- Social Security, Disability, or DSHS income information
- Current information or unemployment office or check stubs from unemployment
- Cash aid income information
- Court-ordered child support or alimony

If you are unable to provide any written proof of income, you will be asked to fill out an Income Verification Self-Declaration Form

If you have questions about your bill or paying for your care, reach out to the Billing Customer Service Team at 1(509)865-6446. They are available Monday - Friday, 7:30AM - 4:30PM.

Interest-free payment plans are available for patients if needed.

Urgent Medical Needs

Same-day visits are available. Call your clinic as soon as possible on the day you need to be seen. If your provider is not available, you may be seen by another health care provider. Walk-ins are welcome and are on a first-come, first-served basis. Patients requiring immediate care will be seen first. After regular business hours, call your clinic in order to speak to the on-call provider. The 24-hour phone number can be found on the brochure that accompanies this book.

Medical Emergencies

If you have a health emergency, call 911.

Health emergencies include:

- Chest pain
- Drug overdose
- Severe stomach pain
- Poisoning
- Heavy bleeding
- Convulsions or seizures
- Severe burns or cuts
- Broken bones Loss of consciousness (will not wake up)
- Severe shortness of breath (unable to talk)





Services Provided

Our clinics provide many services. These services may be different from one clinic to another. To review the services your clinic offers:

- Review the clinic brochure that accompanies this book
- Visit YVFWC.com

-  Primary Care – Family practice, pediatrics, and internal medicine
-  Women's Health – Obstetrics and gynecology (OB/GYN), including prenatal postpartum care
-  Dental – General dentistry, pediatric dentistry, and dental hygiene
-  Pharmacy – Full service pharmacy, on-site, drive-thru, and mail delivery of medicine
-  Behavioral Health – Mental health counseling and treatment services
-  Nutrition – Nutrition education for children, pregnancy, and specific conditions
-  WIC Program – Provides healthy foods during pregnancy and early childhood
-  Health Insurance – Health care coverage assistance
-  Programs – Programs and classes to support the well-being of your family
-  Eye and Vision Care – Full service optometry clinic with a retail store for corrective glasses
-  New Hope – Medical, nursing, and case management for people infected with HIV/AIDS
-  Children's Village – Pediatric specialty care for special needs children
-  Northwest Community Action Center – Job placement and training programs, after school education, rental and shelter assistance, plus energy and home weatherization programs
-  Laboratory – Diagnostic testing and supplementary services provided by third-party vendors
-  Radiology – X-ray services

Visits

How to Schedule a Visit

You may schedule a visit by:

- Calling your clinic directly during regular clinic hours
- Stopping by your clinic during regular clinic hours
- Requesting an appointment in MyChart
- Requesting an appointment by texting your clinic

Canceling a Visit

You must cancel your visits at least 24 hours before your scheduled visit. Contact your clinic by phone, text, or MyChart message to cancel.

- When you miss a visit without letting us know, we are unable to use this time to help other patients
- We track missed visits without advanced notice. Multiple no-shows may result in temporary limitations for scheduling visits





Preparing for Your Visit

To help provide you the best possible care, please bring the following with you:

- A list of current medications (bring the bottles themselves if you are unsure) including vitamins or other over-the-counter medicines
- For children's visits, please bring your child's immunization records
- A list of questions you have for your health care team. If you have several questions, you and your health care team may select those that are most important and make a follow-up visit to address the rest
- Your insurance card or coverage information
- If required by your insurance, your co-payment will be collected at the time of your visit
- Reduced Fee Services documentation if requested by the visit scheduler (see section "Paying for Your Care" on page 8 for complete list)

Transportation

Please contact the site for assistance if you need help to or from your visit.

Consents & Authorizations

Sometimes, you may want someone else to obtain or provide medical or financial information on your behalf. Forms for consents and authorizations are available electronically or at the registration desk.

Here are some situations that may apply to you:

- Treatment of a minor
- Release of information (requesting medical record information)
- Confidential communications (permitting someone else to obtain your information)



Advance Directives & Portable Orders for Life-Sustaining Treatment (POLST)

What is an Advance Directive?

An advance directive is a legal document that gives instructions about your future medical care. With an Advance Directive, you can direct your medical care even when you are too ill to communicate your preferences or are unconscious. You are not required to complete an Advance Directive. However, if you do complete an Advance Directive, it will help those who care for you provide exactly the type of care you really want. Washington and Oregon recognize Advance Directives and Portable Orders for Life-Sustaining Treatment (POLST). You can change either by putting your changes in writing or telling someone about the changes. Make sure to destroy all old copies if you make a change. Share all changes with your health care team.

What is POLST

POLST stands for Portable Orders for Life-Sustaining Treatment and is for people with a serious illness or who are very old and frail. This document is a medical order that your doctor fills out with your input and then signs.

What is the difference between an Advance Directive and a POLST?

The Advance Directive and the POLST are different. The Oregon Advance Directive is a legal form to express your wishes and names someone to make health care decisions for you. The Oregon POLST is a medical order that states your medical care plan and what treatments you will be given.

Where should I keep my advance directive?

If you have completed an Advance Directive, you and your family should agree on a safe place to keep the original document. You should give copies to your doctor, attorney, and anyone you appoint to make health care decisions for you. Take a copy with you if you are admitted to a hospital. You can also register your Advance Directive at the U.S. Living Will Registry, which will allow providers to access your Advance Directive if you forget to bring it with you.

To register, visit: uslivingwillregistry.com



What is a Living Will?

A living will is a legal document you create that tells your doctor what you do or do not want if you are:

- Diagnosed with a terminal condition
- Diagnosed with a condition that is not curable and any life-sustaining treatment given would only prolong the dying process
- Permanently unconscious

You may choose to decline treatment that only serves to prolong the dying process. A Living Will becomes effective as soon as you sign and date it in the presence of two witnesses AND at least two doctors diagnose you to have a terminal condition, or to be in a permanent unconscious state. State law restricts who can act as your witness.

What is a Durable Power of Attorney for health care?

This legal document that you create identifies the person you want to make your health care decisions for you if you are unable to make them for yourself. You can say what health care decisions you want made for you and what those decisions should be. You decide when this type of document goes into effect. For example, it can be effective immediately, or become effective only when you are unable to make your own health care decisions.

Patient Rights & Responsibilities Policy

Patients/Clients of Yakima Valley Farm Workers Clinic have the right to:

- 1| Be treated with respect, consideration, and without judgment by all staff and volunteers.
- 2| YVFWC staff does not discriminate in the provision of services to an individual
 - a| because the individual is unable to pay;
 - b| because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or
 - c| based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
- 3| Actively participate in their health care, including advance discussion of decision making, treatment options, and ethical decisions.
- 4| Be provided with a patient information packet before initiating care, or upon request, describing the services they can expect and any limitations on those services.
- 5| Be given care and service that respects their values and beliefs.
- 6| Have their privacy, confidentiality, and dignity respected.
- 7| Be provided care and service in a safe, secure, comfortable and clean environment.
- 8| Choose a primary care clinician and change clinicians or speak to another health professional.
- 9| Know the name, title and qualifications of the providers and staff members who provide their care.
- 10| Speak with the supervisor of the providers and staff members providing care, upon request.
- 11| Receive information about their health in a language they understand.
- 12| Have language interpreters and interpreters for the hearing impaired available during health care visits and when talking to office personnel.
- 13| Be informed about our complaint process, express concerns about any aspect of our service without retaliation and receive a response in a timely manner.
- 14| Receive care, treatment and services free of neglect, exploitation and abuse.
- 15| Have their medical record and information regarding their health care treated confidentially; sharing such information only as is required by law or when they have given their written permission.
- 16| Review their medical record with a staff member present.
- 17| Receive proper and timely health care advice, 24 hours a day, 7 days a week, free of prejudice or discrimination of any kind.
- 18| Receive information about the health care services available, including when and how to access them.
- 19| Be informed about their health status, treatment options, risks involved, future health care needs, charges, and be given the opportunity to provide informed consent.
- 20| Have their care coordinated when receiving services across multiple settings such as specialists, hospitals, diagnostic facilities, and other health care providers.



- 21| Allow their family to be involved in their patient care, treatment, or service decisions to the extent they deem appropriate.
- 22| Seek a second opinion from another clinician when there are questions or disagreements regarding a treatment plan.
- 23| Refuse treatment or withdraw from any program and be informed of the possible consequences of those actions.
- 24| Be fully informed regarding any research or educational activities, including involvement of students in patient care, and refuse to participate in any such activities if desired.
- 25| Be informed and assisted in the opportunity to express their wishes concerning future care, including the option to choose who will make medical decisions for them if they are unable to do so, and to prepare a living will or any other advanced directive.
- 26| Be informed in regard to billing practices, contract agreements with outside providers, and available financial assistance for medical treatment.
- 27| Receive an explanation of any charges for services.

Patients/Clients of Yakima Valley Farm Workers Clinic have the responsibility to:

- 1| Provide complete and accurate information regarding their health history, current medical status, any care received outside of the clinic and changes in symptoms or medical condition.
- 2| Participate in decision making about their health care and to make informed decisions about treatments and procedures before they are performed.
- 3| Follow the treatment plan agreed upon by them and their clinician.
- 4| Inform their clinician if they do not understand their treatment plan and what is expected of them, or if they believe they cannot follow through with the treatment plan.
- 5| Accept the risks that have been explained to them, if they decide to refuse recommended treatment.
- 6| Treat health care professionals, staff, other patients/clients, and the health center's property in a considerate and respectful manner.
- 7| Seek medical services only through their chosen primary care clinician except in a life-threatening emergency.
- 8| Make and keep appointments for non-emergency care and to notify the center if they are going to be late or need to cancel an appointment.
- 9| Receive proper authorization from their primary care clinician before going to a specialist.
- 10| Fulfill financial obligations, if any, for the health care services provided.
- 11| Notify staff if they have questions about any aspect of services provided.
- 12| Notify staff if they have suggestions for improvements, concerns, or complaints.

Notice of Privacy Practices

Policy

- 1| This notice describes how patient medical information may be used and disclosed and how the patient can access this information.
- 2| This notice also applies to YVFWC part 2 programs (i.e., Behavioral/Mental Health and Substance Abuse Disorder Clinics).
- 3| Please read this notice carefully.

Patient Rights

- 1| Health Information and Patient Rights
 - a| This section explains patient rights and some of YVFWC's responsibilities to help each patient.
- 2| Obtaining a Medical Record Copy
 - a| Inquire to see or obtain an electronic or paper copy of your medical record and/or other health information YVFWC has on file about you as a patient of YVFWC.
 - b| YVFWC will provide a copy or a summary of the patient's health information, usually within 15 days of your request.
 - i| YVFWC may charge a reasonable cost fee.
- 3| Amending a Patient Record
 - a| As a patient of YVFWC, you can ask YVFWC to amend health information you think is incorrect or incomplete.
 - b| YVFWC will review the request.
 - i| If we say "no" to the request, we will tell you why within 60 days.
- 4| Request Confidential Communications
 - a| As a patient of YVFWC, you can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - i| We will say yes to all reasonable requests.
- 5| Ask YVFWC to Limit what is Shared
 - a| As a patient of YVFWC, you can ask us not to use or share certain health information for treatment or our operations.
 - i| YVFWC is not required to agree to the request and may say "no" if it would affect patient care.
 - b| If services or health items are paid for out of pocket, in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - i| YVFWC will say "yes" unless a law requires us to share that information.
- 6| Get a List of whom YVFWC has Shared Information
 - a| As a patient of YVFWC, you can ask for a list of the times YVFWC has shared your health information for six years prior to the date you ask, who YVFWC shared it with, and why.



- i) YVFWC will include all the disclosures except those about treatment, payment, health care operation, and certain disclosures (such as those you ask us to make).
 - We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 7) Get a Copy of this Privacy Notice

As a patient of YVFWC, you can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically and YVFWC will provide you with a paper copy promptly.
- 8) Choose Someone to Act for You
 - a) If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - b) YVFWC will verify the person has this authority and can act for you before taking any action.
- 9) File a Complaint if you Feel Your Rights are Violated
 - a) As a patient of YVFWC, if you feel YVFWC has violated your rights, you can complain by contacting us using the information at the bottom of this notice.
 - b) You can file a complaint with U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - c) YVFWC will not retaliate against you for filing a complaint.

Patient Choices

- 1) For certain health information, you can tell us your choices about what we share.
 - a) If you have a clear preference for how we share your information in the situations described below, talk to us.
 - b) Tell us what you want us to do, and we will follow your instructions.
 - c) In these cases, you have both a right and choice to tell us to:
- 2) Share information with your family, close friends, or others involved in your care.
- 3) Share information in a disaster relief situation.
- 4) If you are unable to communicate your preferences, for example, if you are unconscious, YVFWC may go ahead and share information if we believe it is in your best interest.
 - a) YVFWC may also share information when needed to lessen a serious and imminent threat to health and safety.
- 5) In these cases, YVFWC will never share your information unless you give us written permission.
 - a) Marketing purposes.
 - b) Sale of your information.
 - c) Most sharing of psychotherapy notes.
 - 6) Contact you for fundraising efforts.
- 7) In the case of fundraising:
 - a) We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other Uses and Disclosures

- 1| YVFWC will typically use or share your information in the following ways:
 - a| Treat You
 - i| We can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
 - b| Bill For Services
 - i| We can use and share your health information to bill and get payment from health plans or other entities.
 - Example: We give information about you to your health insurance plan so it will pay for your services.
 - c| Run our Organization
 - i| We can use and share your health information to run our practice, improve care and contact you when necessary.
 - Example: We use health information about you to manage your treatment and services.
 - ii| How else can we use or share your health information?
 - We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.
 - We must meet many conditions in the law before sharing your information for these purposes.
 - For more information, see: www.hhs.gov/hipaa/index.html
 - d| Help with Public Health and Safety Issues
 - i| We share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
 - e| Do Research
 - i| We may use and share health information about you for health research.
 - f| Respond to Organ and Tissue Donation Requests
 - i| We will share health information about you with organ procurement organizations.
 - g| Comply with the Law
 - i| We will share information with you if state or federal law requires it, including the Department of Health and Human Services, if it wants to see that we comply with federal privacy law.
 - h| Address Worker’s Compensation, Law Enforcement, and Other Government Requests



- i| We can use or share health information about you:
 - For workman’s compensation claims
 - For law enforcement purposes or with law enforcement officials
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services.
- ii| Work with Medical Examiner or Funeral Director
 - i| We may share your health information as may be necessary for them to carry out their duties.
 - ii| Health information with more restrictions.
- j| Respond to lawsuits and legal action
 - i| We can share health information about you in response to a court or administrative order, or in response to a subpoena
 - Re-disclosure of Part 2 records for legal proceedings are limited according to the Part 2 standard.
 - ii| YVFWC is prohibited from uses and disclosures of protected health information (“PHI”) relating to criminal, civil, or administrative investigations into or proceedings against any person in connection with seeking, obtaining, providing, or facilitating reproductive health care, including abortion-related care, that is lawful under the circumstances in which it is provided.
 - iii| YVFWC will not disclose your protected health information under any of the following circumstances;
 - When reproductive health care “is sought, obtained, provided, or facilitated in a state where the health care is lawful and outside of the state where the investigation or proceeding is authorized
 - When reproductive health care is “protected, required, or expressly authorized by federal law, regardless of the state in which such health care was provided
 - When reproductive care is “provided in the state where the investigation or proceeding is authorized and is permitted by the law of the state in which such health care is provided.
 - iv| YVFWC is prohibited from uses and disclosures of your substance use disorder (SUD) treatment records relating to criminal, civil, or administrative investigations into or proceedings against any person in connection with seeking, obtaining, or entering treatment for SUD.
- k| Types of Uses and Disclosure of PHI for which an attestation is required;
 - i| YVFWC may disclose your personal health information related to reproductive health care only we receive an attestation from the requester in the following circumstances;
 - Healthcare oversight purposes
 - Judicial or administrative proceeding,
 - Law enforcement purposes
 - Coroner or medical examiner for descendant information

- ii| YVFWC must collect assurance from the requesting entity through a signed and dated written statement that the use or disclosure of such PHI would not be for a prohibited purpose.
- iii| YVFWC is not required to investigate the credibility of the attestation
- l| Health Information with Additional Restrictions
 - i| Psychotherapy notes and SUD counseling notes:
 - Will not be released without patient written permission or as allowed by law.
 - ii| Substance Use treatment records:
 - Will not be released without patient written permission or as allowed by law.

YVFWC Responsibilities

- 1| YVFWC is required by law to maintain the privacy and security of patient health information.
- 2| YVFWC will notify the patient promptly if a breach occurs that may have compromised the privacy or security of patient information.
- 3| YVFWC must follow the duties and privacy practices described in this notice and give each patient a copy.
- 4| YVFWC will not use or share patient information other than as described here unless told by the patient in writing.
 - a| If the patient tells YVFWC we can share information, you may change your mind at any time by notifying YVFWC in writing.
- 5| For more information, see www.hhs.gov/hipaa/index.html.

Questions

- 1| For questions, more information, or to report a problem about the handling of your protected health information, you may contact:

YVFWC HIPAA Privacy Officer
 PO BOX 190
 Toppenish, WA 98948
 Phone: 509.865.6175 ext. 2405 • Fax: 509.865.1076

Changes to the Terms of this Notice

- 1| We can change the terms of the notice, and the changes will apply to all the information we have about you.
- 2| The new notice will be available upon request, in our office and on our website at www.yvfwc.com



Questions or Problems

Our staff is here to help. If you are not able to resolve your concern with available staff, please contact the clinic director/manager for assistance. There may be some issues that cannot be resolved at once, and you may be asked to leave a message. Clinic leadership will contact you if you are asked to leave a message.

If you do not wish to speak directly with clinic staff or leadership, take a Feedback card from the front lobby and use the contact information provided.

Contact options include:

Mail: 603 West 4th Avenue
Toppenish, WA 98948

In Person: 604 West 1st Avenue
Toppenish, WA 98948

Phone: (509) 865-6175 ext 2477

Fax: (509) 865-3148

Email: concerns@yvwfc.org

We are committed to high-quality care and hope you give us an opportunity to hear and resolve your concerns. But if you choose not to, you may also contact The Joint Commission by:

Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181

Fax: (630) 792-5636

Email: patientsafetyreport@jointcommission.org

Online: https://www.jointcomission.org/report_a_complaint.aspx



Visit our website at YVFWC.com to learn more about the services, providers, and locations in your area.

