

“DISCHARGE” INSTRUCTIONS



THANK YOU for your interest in protecting the right of patients and doctors to work together for the benefit of the patient, affordably, confidentially, and without interference.

At the doctor's office or in the hospital, discharge instructions are often given to you before you leave. The doctor's instructions tell you the next steps you need to take after you've been treated.

Likewise, as you leave this CCHF presentation and go out into your world, we have these “discharge” instructions to help you protect yourself against coercive situations in the exam room:

1 ASK QUESTIONS BEFORE YOU ACCEPT TREATMENT OR PRESCRIPTIONS

Be proactive. Do not simply take the word of your doctor or practitioner. **Respectfully ask questions.**

- a. Politely ask if this is the right care for you, or the only care the electronic health record allows.
- b. Ask if this is the care the doctor would prescribe for his or her own family.
- c. Ask if there is any other care available for your condition that the doctor has not mentioned.
- d. Ask the doctor to tell you the entire diagnosis that is being recorded in your chart.
- e. Ask if there is any possibility the diagnosis could be wrong and, if not, why?
- f. If you disagree with a diagnosis, request a change. If the doctor doesn't agree to the change, send a statement of disagreement, which must be included in your medical record.
- g. Consider seeking a second or third opinion before you agree to any treatment or procedure that you're uncomfortable with, want more information on – or want a different doctor to provide.
- h. Consider the cash-based independent physicians and practices found at JoinTheWedge.com

2 REFUSE TO ANSWER INTRUSIVE QUESTIONNAIRES

Questions that are not directly related to the purpose for your visit are data collection tools for outside analysis, often created by corporations or the government (e.g. **Social Determinants of Health (SDOH)**). Instead:

- a. Politely refuse to answer any unrelated questions.
- b. If the questionnaire is part of an iPad registration, take the computerized tablet to the desk and request a paper copy so you can answer only the questions you want to answer.
- c. If the clerk refuses, ask to talk to the clinic manager, and kindly but firmly request that she get you registered without forcing you to answer questions that make you uncomfortable.
- d. If the manager refuses, you have three choices: negotiate, comply or leave.

3 REFUSE TO SIGN THE HIPAA ACKNOWLEDGEMENT STATEMENT

If you refuse and you are denied treatment, you have three choices: negotiate, comply, or leave. If you need care, we suggest you get treatment and live to fight another day. Look below for the **VERY BEST WAY TO WIN**. As a reminder, the pressure to get you to sign is part of a deliberate deception to convince you that HIPAA protects privacy when it eliminated privacy rights. Many clinic staff do not know this. **IMPORTANT**: Whether you sign or not, your data can be shared in all the ways listed on the clinic or hospital **Notice of Privacy Practices (NPP)**. By refusing to sign, you're refusing to propagate the myth that HIPAA protects privacy. Here are five ways that this “request to sign” is likely to be presented to you:

- a. **SEPARATE FORM**: a form with only the required statement: “I acknowledge that I have received [or read or understood] the Notice of Privacy Practices” of the hospital, clinic, or facility. Refuse to sign.
- b. **EMBEDDED**: the statement is embedded in a consent form that includes multiple consents (treatment, payment, third-party access to your data, and many more) and a single signature line. Cross out the statement. **NOTE**: you

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