



## Financial Policy

### **Patients with Insurance**

Parents/Guardians of patients are responsible for deductibles, co-pays, non-covered services, coinsurance and items considered “not medically necessary” by your insurance company. Co-payments and anticipated coinsurance amounts will be collected at the time of check-in and will be expected prior to services being rendered. When there is a known deductible, payment will be expected at the end of treatment. If a parent/guardian is unaware of their deductible or coinsurance amount, we will bill the insurance company as a courtesy. Any remaining balance should be taken care of within one (1) month’s notice from the insurance company. If you or your insurance carrier makes payment exceeding your balance, reimbursement will be remitted. If payment cannot be made at each visit, or your family has an outstanding balance, you must notify the office to make arrangements in advance of each office visit.

### **Patients without Insurance**

Parents/Guardians of patients are responsible for making payment for care at each patient visit. If payment cannot be made at each visit, you must notify the office to make arrangements in advance of each office visit.

### **Patients without their Insurance Card or New Insurance**

Parents/Guardians of patients are responsible for making payment for care at each patient visit if the insurance cannot be verified with your insurance company before leaving the office. You must present your card at each visit per your insurance company and you must notify us promptly of any change in you or your child’s insurance status.

### **Missed Appointments/Medical Records Transfer/Shot Record Fee**

Patients who fail to show for any appointment or do not give 24 hrs advance notice of cancellation will have a notation in their chart. After the second incident, you may be charged \$25 for each visit you miss or do not give 24 hrs notice of cancellation. After the third incident, you will receive a warning letter. After the letter is sent, we reserve the right to discharge you from the practice for continued missed appointments. There is a \$0.50 charge per page to transfer medical records to another physician’s office or to obtain a copy of the medical records.



## Notice of Privacy Practices

This notice describes how your personal healthcare information may be disclosed or used by this office. Please read this notice carefully. If you have any questions, please contact our Privacy Officer. After reviewing this document, you will be asked to sign that you have received this notice.

This office is required to abide by the terms of this Notice of Privacy Practices. The terms may change at any time and the revised notice will apply to all protected health information maintained at that time. The revised notice will be posted in our office. You may request a revised copy of this notice by also calling our office.

This office has taken reasonable steps to safeguard the privacy and confidentiality of your Protected Health Information (PHI). The staff of this office will only use your health information for the intended patient care purpose. Conversations among staff members that reference your information will be conducted on a confidential and professional manner.

### **1. Uses and Disclosures of Protected Health Information for TPO**

This office will need to access your protected health information for purposes of treatment, payment and operations (TPO) in accordance with State and Federal Law.

#### **❖ Using & Disclosing Information For Treatment Purposes**

To maintain high quality healthcare, it will be necessary to share protected health information with all members of your treatment team. This can include employees in this office as well as other providers.

#### **❖ Using & Disclosing Information For Payment Purposes**

Necessary information will be shared with appropriate payer sources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our internal billing personnel to have access to protected health information to carry out their job functions.

#### **❖ Using & Disclosing Information For Operations Purposes**

Necessary information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.

### **2. Specific Authorization Required for Other Uses and Disclosures**

Other uses and disclosures of your protected health information will only be made with your written authorization. This authorization will only allow the use or disclosure of the specific information detailed on the authorization form. Some examples include but are not limited to: some marketing activities, the use or disclosure of psychotherapy records in our possession and in some instances for research purposes.



### **3. Other uses and disclosures without your authorization**

The following are situations where this office may use or disclose your protected health information without your consent or authorization:

- ❖ **Uses and disclosures of protected health information (PHI) as required by law, court orders, a legal process, or government agencies.**
- ❖ **Uses and disclosures of PHI for matters of public health for the purpose of controlling disease as dictated by law.**
- ❖ **Uses and disclosures to government oversight agencies for the purpose of health and privacy audits or investigations.**
- ❖ **Uses and disclosures may be made to public health authorities in situations of suspected abuse or neglect.**
- ❖ **Uses and disclosures to Institutional Review Boards for the purpose of medical research.**

### **4. Patient Privacy Rights effective April 14, 2003**

- ❖ **In general you will have the right to review and copy your protected health information as well as amend your record. Some exceptions include, but are not limited to: psychotherapy notes, information compiled for use in a civil, criminal or administrative proceeding.**
- ❖ **You have the right to request a restriction of the disclosure of your protected health information for treatment, payment or operation. This office is not required to agree to the request, but will do so at our discretion.**
- ❖ **You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.**
- ❖ **You have the right to request an accounting of the disclosures made of your protected health information by this office (after April 14, 2003). This only applies to disclosures made for purposes other than treatment, payment or operations.**

### **5. Privacy Officer & Complaints**

Should you have any concerns you may contact our Privacy Officer who is responsible for the privacy and confidentiality of your information in accordance with state and federal law. Any complaints or issues you have regarding the privacy or confidentiality of your information should be directed to the privacy officer.