

HIPAA 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law .

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

FINANCIAL POLICY

In order to establish a complete understanding of the financial responsibilities associated with the care provided by Victory Internal Medicine, the financial policies outlined herein are provided for your review. If you have any questions about these, please feel free to ask any staff member for clarification.

It is our desire that you receive the maximum benefit possible from your health insurance. In order to achieve this, we need your assistance in providing complete and accurate personal and insurance information requested on our Patient Registration form. Please complete this form in its entirety and provide your insurance card to be copied.

We will bill your insurance carrier for our usual and customary charges as a courtesy to you where we are a participating provider with your insurance plan. We require payment of any unpaid deductible, co-payments and coinsurance for services provided in the office at the time services are rendered. **If co-payment is not paid at the time of service, a charge of \$5.00 will be added to your co-payment amount to cover the cost of billing.** In the event your insurance company subsequently denies payment for services provided by Victory Internal Medicine, the responsibility for full payment rests with the patient or responsible party. For patients without verified health insurance, or with a plan with which we do not participate, we require payment in full at the time services are rendered. We accept cash, check, money order, MasterCard, Visa, or American Express. Returned checks are subject to a \$20.00 processing fee. We also reserve the right to bill you for any additional costs that we incur if it becomes necessary to refer your account to a collection agency or attorney due to non payment.

In order to accommodate the needs and requests of our patients, we have enrolled in numerous insurance programs. While we are pleased to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Within the same insurance company, plans may differ depending upon the type of contract your employer negotiated. If you do not inform us of any special requirements in your contract and we subsequently provide or order services which are not covered, we will bill you directly for those charges. Payment is then your responsibility.

Providing quality medical care for our patients is our primary concern; we are more than willing to provide that care within your insurance contract guidelines if you inform us at the time of service exactly what guidelines apply. It is crucial that you are aware of your insurance benefits. We ask you to assume responsibility for informing us if your coverage has any special requirements. We will not become involved in disputes between you and your insurance company regarding covered charges, deductibles, payments, eligibility, etc. Unless we have signed a participating provider or similar agreement with the insurance carrier, any charges not covered in full are payable by patient/guarantor. We ask you to remember that the ultimate responsibility for full payment, including any collection fees or late charges for our services, rests with the adult patient or guarantor.

It is your responsibility to inform us of any changes in insurance plans, coverages, and copayments, prior to treatment. It is also your responsibility to make sure that one of Victory Internal Medicine's physicians is selected as your primary care physician if required by your insurance plan.

Revised 9/12/05