



## POLICIES AND NOTIFICATIONS

### FINANCIAL POLICY:

**Co-Payment, Co-Insurance and Deductibles:** You must pay for your Co-Payment at the time of your visit unless previous arrangements have been made with a billing coordinator. If your plan has a deductible and/or co-insurance, we will collect a portion at the time of your visit and the remainder will be billed to you once your insurance has processed the claim. We accept cash, check, or credit cards. Absolutely no post-dated checks will be accepted.

**Outstanding Balances:** It is our office policy that all past due accounts be sent two statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice.

**Insurance Coverage:** It is the patient's responsibility to be familiar with their insurance coverage, policy provisions, exclusions and limitations, as well as requirements for authorizations. We attempt to verify that your coverage is active at the time of your visit. However, we depend on you to provide us with the most accurate information. If for any reason, your coverage is not active you must know that the cost of the visit is your responsibility.

**Change of Insurance:** If you have had any changes to your insurance coverage, you must notify us immediately.

**Referrals:** It is your responsibility to obtain referrals whenever required by your insurance plan. We will assist you whenever possible. If you change your Primary Care Physician, you must notify us immediately and obtain a new referral.

**Non-Covered Services:** Patients are responsible for non-covered services when they are denied by their insurance company.

**Return Checks and Fees:** Returned checks are subject to a handling fee of \$35.00. If your account is turned over to collections, you will be billed for all fees involved in the collection process.

### NON-DISCRIMINATION POLICY:

University Vascular complies with applicable Federal Civil Rights laws and does not exclude, deny access/benefits to health care, or otherwise discriminate against or treat differently any person on the basis of race, color, national origin, disability, age, sexual orientation or stereotyping, or gender identity.

### HIPAA:

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.*

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, penalties for covered entities that misuse personal health information.



We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordination, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** includes particular aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by the written request, excepts to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to University Vascular.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family member, other relatives, close personal friends, or any other persons identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of \_\_\_\_\_, 20\_\_\_\_\_, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your private protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.