



PRACTICE POLICY & PATIENT CONSENT

Each patient is requested to carefully read & understand the contents of this document. Patients will be asked to electronically sign-off on this at the time of registration. It is important that you understand what you are being asked to sign.

Dear patient,

We are pleased to welcome you to our practice and look forward to working with you in maintaining your health. Our medical providers and staff go to great lengths to provide you with the best medical care that you deserve. To strengthen our relationship with you, we believe that it is pertinent that our patients have a sound understanding of the expectations in accordance with our office policy and HIPAA regulations. We strive to provide you and your family with a high quality of care. To clarify office procedures, we have outlined the details concerning our office policies, rules and regulations in this document. Please take the time to review this. You will be asked to sign the acknowledgement electronically upon registration during your visit. If you have any questions concerning these policies, please feel free to ask the office manager during your appointment and they will be happy to assist you.

(Spoken languages at the offices: English, Spanish, Urdu, Punjabi, Hindi, Tamil, Bangla, Persian & Arabic)

Thank you for choosing Womens Health Care.



Where Modern Medicine meets Personalized Care

www.whcdocs.com



PRACTICE CONSENT

It is VERY IMPORTANT that the following Office Policy, Informed consent, and HIPAA notice is read in its entirety before continuing. Withdrawal from, or disagreement with, the following Office Policy, Informed consent, and HIPAA notice must be done in writing at the practice location.

OFFICE POLICY

FINANCIAL RESPONSIBILITIES

Filing insurance claims is a service this office provides to expedite insurance carrier payments. This in no way relieves you for the responsibility of your bill. We advise that our patients inquire with their insurance company regarding their benefits and coverage. Please note that all copays are collected at the time of service. Waiving amounts (such as, copays, deductibles, co-insurances or other member responsibilities) owed by the patient (according to their health plans), has legal implications. Therefore, we request that patient do not ask for such waivers since it is considered illegal to do so (See page#10).

You **MUST** inform us about **ALL the ACTIVE insurance plans** you are enrolled in. We are **required by law** to bill your services to the **PRIMARY** insurance plan first. It is **NOT** a choice. Any co-insurance balance is then billed to your secondary plan where applicable. Failing to disclose **ALL ACTIVE** insurance plans information is considered as **INSURANCE FRAUD** which will result in **DENIAL** of payment by your health plan and the cost of services rendered by WHC will become solely your responsibility. **We will notify authorities if we come across any insurance.**

Every effort is made to do an insurance eligibility and benefit check prior to the patients' appointment. However, a clear picture of the patient's health insurance benefits is not made available until the insurance claim is processed and an 'explanation of benefits' (EOB) is received from your health insurance carrier. The patient is ultimately responsible for all non-covered portions of their bill according to the EOB. That is, deductibles, co-payments, balance for partial payments and non-covered items. Literally, there are thousands of insurance companies, and their payment policies can change, therefore, it is impossible to give you a guaranteed quote at the time of service. **In most cases, deductible/out-of-pocket information is provided by insurance plans therefore, for Gynecological visits/procedures and Prenatal care, we require the patients to pay a certain amount toward the deductible upon each visit so that they are not burdened with a huge account balance post-care which may prove difficult for patients to pay off.**

In addition, patients who start their prenatal care at WHC later into their prenatal cycle (ie., in their 2nd or 3rd trimester), must pay off their prenatal care deductible or out-of-pocket expense prior to their delivery due date in a lump sum or in two installments depending on the amount of deductible or out-of-pocket balance, along with the length of time remaining prior to delivery due date. Payment agreement determination will be made after discussion with the office manager on a case-by-case basis.

If there still any outstanding balance once the insurance company has paid its portion of the bill, patients are notified via a TEXT message notification and the electronic billing statement available securely via the patient portal account. We no longer mail paper statements in order to minimize wastage. Payment is due within 30 days of the date on the statement. We do not charge a finance charge for balances due, but if the patient account balance is forwarded to a collection company then all discounts initially given to patient for that claim will be removed and additional processing fees will be applied. Patient accounts are not usually forwarded to a collection agency unless the patient is non-responsive or non-compliant.

Payment towards account balances can be made via checks, money orders and credit cards. All major credit cards are accepted, however there are additional fees associated when paying balance using any credit card. To avoid Credit Card fees patients can pay their account balances online via the SMS link they get or through their patient portal account.

If paying at the office using any Credit Card :	If paying using Check :
\$2.50 fee added for each \$100 balance. (For example: For a \$300 balance, you will need to pay \$2.50 x 3 = \$7.50 and so on...)	\$25 penalty will be applied for any <u>bounced check</u>

Unpaid balances will be forwarded to a collection agency 30 days after the 'Final Notice' text is sent to the mobile number on file.



We will file and bill the insurance as a courtesy. We cannot be responsible for actual payments made by the insurance carrier. After payments are received patient may owe more money according to the benefit plan. Patients may also have a credit, which would be reimbursed. After 60 days, we reserve the right to request payment in full for our services from the patient, and let the patient collect the insurance funds that are due to him/her. This is rare, but it is important that you (patient) recognize that the insurance you have is a legal contract between you/your employer and your insurance company. Our office is not and cannot be a part of that legal contract. **Ultimately, you are responsible for all charges incurred in our office if your health plan benefits do not cover any service or part of a service.** Furthermore, it is the patients' responsibility to investigate whether the insurance plan is on our network list held by your insurance company. If not, patient will be financially responsible for the fees for the service rendered. Our office charges what is usual and customary to our area. Patients are responsible for payments, regardless of any insurance company's arbitrary determination of usual and customary rates.

In some occasions, an insurance coverage/benefit may not be the best treatment option. After the doctor has explained all your possible treatment alternatives, nature of procedures, advantages and disadvantages, required appointment time and cost, you may choose a treatment which may not be covered by your insurance carrier. Installment plans are available for those facing financial difficulties and these plans may differ on a case-by-case basis.

Note: Please inform the office of any changes to your insurance coverage as soon as possible!

For Non-Insured or Fee-For-Service (FFS) patients, payment is expected at the time of check-in and/or when services are rendered, unless prior plans are made. We reserve the right to raise our fee-for-service rates as needed over the years. Any FFS payments are non-refundable once the services are rendered.

ELECTRONIC HEALTH RECORDS TRANSFERRING

To minimize waste and maintain an environmentally friendly office, we like to refrain from printing paper records for our patients. If care is moved to another provider or facility outside of Womens Health Care, we will transmit your records electronically. If paper records are requested by the patient from our office, then the patient will be responsible for any printing/copying charges incurred (\$0.75 per page). E-mailing of health records to patients is strongly discouraged for security reasons. If the patient insists on e-mailing of health records, then understand that any fraud or abuse arising from such an action is solely the patients' responsibility and you will be asked to sign a waiver. To avoid risk, all necessary health records from Womens Health Care can be accessed via the patient portal which is a safe and secure means to tracking patient health records. Access to the patient portal is granted to new patients upon registration and Patient Portal usage by patients highly is encouraged.

PROVIDER & STAFF COMMUNICATIONS WITH PATIENT

SMS/TEXT Messaging: We make use of SMS/Text messaging for:

- Appointment reminders: Patients receive 3 reminders leading up to their office visit appointments: 14 days, 7 days & 1 day prior to their appointment. Patients are expected to confirm via a response to the text message.
- 'No Show' notifications, which they day after their missed appointment.
- Account balance notifications: Patients get an SMS with a link that makes it easy for them to pay the balance online.

Patient Portal: We have adopted patient portal through which patients are able to retrieve their medical records, lab results, past and future appointment details, and much more. Access to the patient portal is granted to new patients upon registration and Patient Portal usage by patients highly is encouraged. **Portal password RESET over the phone requires a written request by patient to be on file with the practice beforehand. Signature at registration authorizes WHC to reset your password over the phone.**

Healow App & Healow Mom: For the convenience of our patients, we now have Healow App (for all patients) and Healow Mom (for our pregnant patients) available for our patients to download to their mobile device to make it easy to stay connected to the practice and their doctor. Use of these applications is highly encouraged since it is a secure way to communicate with the practice and access to the health records. It also makes it easy to patients to update their demographic, insurance and pharmacy information as needed.



Online/Web Security: Online communication methods require that the patient be diligent about a few points to avoid fraud and abuse by online hackers:

- Do Not store messages on your employer provided computer, otherwise personal information could be accessible or owned by your employer.
- Use a screen saver or close your message instead of leaving your messages on the screen for a passerby to read and keep your password safe and private.
- Do not allow other individuals or other third parties to access the computer(s) upon which you store medical communications.
- Do not use e-mail for medical communications. Standard e-mail lacks security and privacy features and may expose medical communications to empower other unintended third parties.

Lab/Ultrasound results communication with patients: We only call our patients when the results for their lab or ultrasound tests are Positive/Abnormal. We do not call the patients for Negative/Normal results. All lab results are available for patients to view/print via the patient portal once these are reviewed by the doctor.

For URGENT AFTER-HOURS communication with your doctor, call 718-850-0009 and follow the prompts to leave a message for your doctor. The doctor will hear your urgent message and get back to you as soon as possible.

MISSED APPOINTMENTS

As a courtesy to our patients, we make every effort to confirm all appointments in advance through automated TEXT/SMS messaging. However, it should be noted that it is the patient's responsibility to keep all appointments. It is important that you follow your doctors' care instructions. We are concerned about your health and missing appointments can have serious health related consequences. A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointment. We request at least a 48-hour advance notice prior to your visit if you need to change or cancel your appointment. We will charge a \$25 penalty for missed appointments or no-shows. Same day cancellations are also considered a 'No-Show' and will incur a \$25 penalty. Also understand that if the patient is more than 30 minutes late for an appointment, the doctor may not be able to see the patient since it will cause a trickle-down delay for other patients who arrive on time.

Refusal of Service: Any no-show penalty charged to the patients' account is due within 30 days of notice sent to patient or before another appointment is scheduled, whichever comes first. If a patient has had 3 no-shows or late cancellations within a period of a year, we reserve the right to refuse service. A letter will be sent to the patient requesting that the patient find another healthcare provider. We will continue to see the patient in case of an emergency for 30 days from the date of the service termination letter. After that the patients will not be allowed to schedule any more visits at Womens Health Care locations.

Note: Due to the nature of our practice, emergencies and acute walk-in patients may cause the doctor to alter his/her schedule. We will do our best to see each patient as close to their appointment time as possible. We appreciate your cooperation and understanding regarding these unforeseen circumstances. All patients in an unfortunate health situation receive the same dedicated and careful attention without any type of discrimination. However, if time becomes a problem, please let the staff know so we can accommodate your schedule as best as possible.

MEDICAL TREATMENTS

By agreeing to this practice consent, you as a patient (or guardian of the patient), authorize the providers at Womens Health Care, PC, or its representative(s), Medical Staff and/or a substitute health professional(s), to provide medical care, such as: to conduct routine examinations, to obtain specimens, including blood, to perform such tests and administer treatments, including the injection of all pharmaceutical products (medications) and immunizations to you as a patient (or your child) per requirement. There may be risk and complications with procedures which are explained in detail at the time of treatment or procedure. During treatment process, unforeseen conditions may be revealed requiring the performance of additional procedures. The treatments may also require the Womens Health Care providers to refer the patient out for more specialized care. We also regularly communicate with the patients' Primary Care Provider (PCP), or the referring physician, regarding the patients' health for continuity of care. This communication



requires sharing the patients' health record with the physicians in question.

Refusal of Service to Non-Compliant patients: We reserve the right to refuse service to patients who are non-compliant when it comes to treatment options suggested by the doctor. If the doctor feels that the patients' actions are detrimental to the patients' health, then the patient may be asked to look for another provider to continue the care. We will continue to see the patient in case of an emergency for 30 days from the date of the service termination letter.

Consultation by Phone: If you call the Practice to make an appointment with a doctor but feel your problem could be resolved over the phone, you can request a TELEPHONE CONSULTATION. You will be allocated a time slot just like a regular appointment and the doctor will call you as near to the allocated time as they can. However, it is unlikely that new medication or antibiotics will be prescribed without a face-to-face consultation.

NOTICE OF PRIVACY PRACTICES

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

INTRODUCTION

At WOMENS HEALTH CARE, PC, we are committed to treating and using protected health information about you responsibly. This notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose this information. It also describes your rights as they relate to your protected health information. This Notice is effective immediately and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit WOMENS HEALTH CARE, PC a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

1. Basis for planning your care and treatment,
2. Mean of communication among the many health professionals who contribute to your care,
3. Legal document describing the care you received,
4. Means by which you or a third-party payer can verify that services billed were in fact provided,
5. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,
6. A tool in educating health professionals,
7. A source of data for medical research,
8. A source of information for public health officials charged with improving the health this state and nation,
9. A source of data for our planning and marketing.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Patient Health Information Rights

Although your health record is the physical property of WOMENS HEALTH CARE PC, the information belongs to you. You have the right to:

1. Obtain a paper copy of this notice of information practices upon request,
2. Inspect and copy your health record as provided for in 45 CFR 164.524,
3. Amend your health record as provided in 45 CFR 164.528,
4. Obtain an accounting of disclosures of your health information as provided in 45 CRR 164.528,



5. Request communications of your health information by alternative means or at alternative Locations
6. Request a restriction on certain uses or disclosures of your information as provided by 45 CFR 164.522, and
7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

WOMENS HEALTH CARE PC is required to:

1. Maintain the privacy of your health information,
2. Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction, and
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as describe in this notice. We will also discontinue to use, or disclose, your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer of the Office of Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U. S. Department of Health and Human Services
200 Independence Avenue, S.W. Room 509F,
HHH Building Washington, D.C. 2020 1

Examples of Disclosure for Treatment, Payment and Health operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in your treatment.

We will use your health information for payment.

For Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis procedures and supplies used.

We will use your health information for regular health operations.

For Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your



third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers, when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.
Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

PATIENT'S BILL OF RIGHTS

Our practice adheres to the following Patient's Bill of Rights. The patient has the right to:

- Considerate and respectful care
- Knowledge of the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient
- Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information should include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- Participate actively in any decisions regarding medical care, to the extent permitted by law. This includes the right to refuse treatment.
- Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to his/her care.
- Be advised if the physician proposes to engage in or perform human experimentation, research or treatment. The patient has the right to refuse to participate in such research projects.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- Have complaints forwarded to Administrative personnel for appropriate response.
- Know that all the Clinic/Office personnel will observe these patient's rights.

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities as well.

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past medical history and other matters related to his/her health.
- The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and notifying the office or physician when he/she is unable to keep the scheduled appointments.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled.
- The patient is responsible for being considerate of the rights of other patients and office personnel.

WAIVING COPAYS, CO-INSURANCES & DEDUCTIBLES IS ILLEGAL!

Please do not ask us to waive copays, co-insurances, deductibles or any other financial member responsibilities as outlined in your benefits plan since it is illegal to do so per State law. (Please read article below for laws around financial waivers)

In order to avoid imposing significant financial hardship on patients, some physicians offer to discount or waive those amounts that are the personal

responsibility of the patient. This is to be distinguished from the situation where the physician makes a conscious decision to treat each patient as "private pay" where there is greater flexibility in structuring payment arrangements without creating legal liability.

As a general rule, a provider should not generally waive co-payments or deductibles. In the context of Medicare and Medicaid patients, this is prohibited in the absence of demonstrating financial hardship of the patient. Waiver of co-payments and deductibles by an "out-of-network" provider may be viewed as a potential kickback, insurance fraud or grounds for disciplinary action against the physician who waives the co-payments, co-insurance or deductible. In fact, the provider's waiver of co-payments or deductibles may also affect the provider's rights to collect insurance from the payor based on State law related to acceptance of assignment.

Under the legislation creating the Health Insurance Portability and Accountability Act (HIPAA,) it is considered mail fraud, to have a scheme intended to "defraud any health care benefit program" which is a crime under federal law. It is generally accepted that the routine waiver of copayments required by insurance contracts is illegal and fraudulent. The American Medical Association (AMA), American Dental Association (ADA), and American Psychological Association (APA) have all held in ethical opinions or articles that the routine waiver of copayments or deductibles is unethical, illegal, or both. Likewise, the U.S. Department of Health & Human Services has issued fraud alerts, clarifying that the routine waiver of copayments and deductibles under Medicare and Medicaid constitutes fraud and may violate the federal anti-kickback statute. Even local medical associations have recognized that systematic waivers can result in federal and state legal penalties.

Just as the federal government has taken steps to protect against the persistent waiver of copayments and deductibles, several states have statutes that implicitly or explicitly prohibit the practice. In fact, five states have adopted the Insurance Fraud Prevention Model Act, which implicitly makes the routine waiver of copayment illegal. A total of 47 states and the District of Columbia have addressed this issue through the state Insurance Department's general counsel, who issued an opinion letter stating that if waiver of copayments is employed as a "common business practice, the health care provider may be found guilty of insurance fraud in violation of Article 4 of the N.Y. Ins. Law."

There is no dispute that physicians who participate in managed care plans must comply with the terms of the provider agreements. **Waivers or discounts of copayments or deductibles by in-network providers should be made only on the basis of demonstrated patient financial hardship.** Medicare prohibits the routine waiver of copayments and coinsurance to Medicare beneficiaries. Medicare views discounts and coinsurance waivers as inducement to patients to choose a particular provider, especially if the discounts are offered at or before the time of service.

HOW TO PROVE FINANCIAL HARDSHIP

1. Collect all your bills, including your mortgage, utilities, credit cards, cellular phone and other accounts. It is crucial that you have supplemental documents because this is the only way that you can prove a financial hardship.
2. Total your monthly revenue and spending. Itemize the costs of food, rent, utilities, gas, house supplies and other needs.
3. Eliminate all unnecessary expenses from your life by asking yourself whether you can truly survive without that service. For example, you may want to eliminate monthly cable bills or subscription to gym membership that you do not use. This reduces your cost and shows that you tried to decrease your living costs.
4. Provide your patient care coordinator at Womens Health Care with all the documents you collected, including your tax return, your itemized costs and a letter explaining your financial hardship. This will prove that you have a financial hardship and would like to request a waiver on your financial responsibilities.

TELEMEDICINE INFORMED CONSENT

If you are unable to come for an in-person office visit, your consultation will be performed via telehealth which is the delivery of services using telephone or audio/video technology. During telehealth sessions, details of your personal health and history will be discussed using this technology.

The provider will take every precaution to protect your privacy while using telehealth and please understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. The provider will speak to you from a private location in a room where no one else is present or can overhear the conversation. A Medical Assistant may be present in the office along with the doctor providing the care. The telehealth sessions/services will not be recorded without the member's or member's legal representative's consent.

The provider/practice will not be responsible for any information recorded by the patient, overheard at the patient's location or information shared/disclosed by the patient, with anyone other than the provider or provider staff.

You have the right to decline to participate in telehealth sessions and by declining these services you will not jeopardize receiving services in the future however, refusal to receive services via telehealth may delay the ability for the provider or practice to offer you services now and in the immediate future. You may revoke or withdraw your consent orally or in writing at any time. A copy of this consent can be e-mailed to you upon your request.



Do you consent to have a telehealth session?	<input checked="" type="radio"/> YES <input type="radio"/> NO
If you have any questions, please notify us →	
Will there be anyone else present in the room with you and if so, what is their relationship to you?	

Patient Name: «**FIRSTNAME**» «**LASTNAME**»

Signature:

Date: 7/12/2021

PATIENT ACKNOWLEDGEMENT

- By signing this consent, I acknowledge that I have read and understood the Womens Health Care, PC office policy, procedures and HIPAA regulations outlined in the "Office Policy & Patient Consent" document provided to me.
- I certify that the information provided at registration is accurate and complete to the best of my knowledge.
- I authorize Womens Health Care, PC to release any information, including the diagnosis and records of any treatment or examination rendered to me (or my child) during the period of care, to third party payers and/or health practitioners.
- I hereby direct my insurance carrier to make payments directly to Womens Health Care, PC for services rendered to me.
- I authorize Womens Health Care, PC to use phone numbers provided by me at registration for communicating with me about appointments, lab results, important health related messages, account balances, and office policy or other changes. I also authorize Womens Health Care, PC to leave messages regarding the above at the phone number provided in case I am unable to receive the call.
- I understand that should any demographic or insurance related information or health situation change, it is my responsibility to inform Womens Health Care, PC and would bear the financial responsibility of any delayed actions on my part.

Patient is asked to sign-off on this policy electronically at the front desk during registration.

PATIENT ACKNOWLEDGEMENT OF HIPAA & OFFICE POLICY

- By signing this consent agreement, I acknowledge that I have read and understood the Womens Health Care, PC's office policy, procedures and HIPAA regulations outlined in the "Office Policy & Patient Consent" document provided to me.
- I certify that the information provided at registration is accurate and complete to the best of my knowledge.
- I authorize Womens Health Care PC to release any information, including the diagnosis and records of any treatment or examination rendered to me (or my child) during the period of care, to third party payers and/or health practitioners.
- I hereby direct my insurance carrier to make payments directly to Womens Health Care, PC for services rendered by Womens Health Care, PC to me.
- I authorize Womens Health Care, PC to use phone numbers provided by me at registration for communicating with me about appointments, lab results, important health related messages, account balances, and office policy or other changes. I also authorize Womens Health Care, PC to leave messages regarding the above at the phone number provided by me in case I am unable to receive the call.
- I understand that should any demographic or insurance related information or health situation change, it is my responsibility to inform Womens Health Care, PC and would bear the responsibility of any delayed actions on my part.
- I understand I am responsible for making all payments for services, treatments, testing and supplies rendered by Womens Health Care, PC to me for my care and treatment. I acknowledge I am the individual financially responsible for all payments and I am responsible to ensure payment for all non-covered portions of my bill, to include deductibles, co-payments and any remaining



balances made by any insurance carrier for partial payments made on my behalf and for any non-covered items.

PLEASE NOTE: Patient is asked to sign this electronically at the front desk

Signature: Date:

* Relationship:

* **NOTE: If not signed by patient, please indicate your relation to the patient (parent, spouse, etc).**

Office Use Only:

If patient or patient's representative refuses to sign acknowledge of receipt of this notice, please document the date and time the notice was presented to patient and sign below.

Presented on (date & time): Date: Time:
 By (name): Title:

WHC PRACTICE MANAGEMENT RESOURCES

We understand that after reviewing the office policy, you may have some questions. We would be more than happy to clarify any rules and regulations or assist with any questions that you may have. We would like to ensure a strong long-term relationship between you and Womens Health Care PC, so please do not hesitate to ask.

For questions on:

Contact:

<ul style="list-style-type: none"> Electronic Medical Records (EMR) mgmt & Patient Portal Patient Billing, Financial responsibilities & Installment plans Suggestions & Complaints, etc. Marketing & Advertising 	Saima Raja Director of Operations eMail: womenshealthcareny@gmail.com
<ul style="list-style-type: none"> Business Development Information Technology WHC-Lab Operations 	Payeman Raja IT Operations & Projects Mgmt Tel: 718-850-0009
<ul style="list-style-type: none"> Human Resource Management Payroll Management HIPAA, AAAASF & Medicaid compliance 	Najam Ishtiaq Healthcare Security Officer & HR/Payroll manager Tel: 718-850-0009
<ul style="list-style-type: none"> Patient Care Coordination & Management Office Operations & Staff Management Diagnostic Imaging 	Mohsin Raza, Office Manager, Richmond Hill Tel: 718-850-0009
<ul style="list-style-type: none"> Patient Registrations & Appointment Management Office Operations & Staff Management 	Ahsan Raza Office Manager, Jackson Heights Tel: 718-271-9900
<ul style="list-style-type: none"> Insurance Billing & Claim follow-ups Insurance Plans Management & Provider Enrollments 	Tanjina Rahman Billing Manager Tel: 516-326-3326