



## **FINANCIAL POLICY/PRIVACY NOTICE ACCEPTANCE OF LIABILITY WAIVER**

Thank you for choosing **Complete Dermatology** as your healthcare provider. It is our goal to meet patient needs and address patient concerns effectively. Areas of primary concern for all patients are the financial policies of the practice, especially those pertaining to insurance billing and patient payment requirements. As in all aspects of healthcare today, the greater role the patient assumes in the healthcare process, the higher the degree of satisfaction achieved. For that reason, we expect our patients to take an active role in their healthcare management. In an effort to keep patients informed about such policies, we ask that all patients read and sign a copy of our Financial Policy prior to receiving treatment.

**INSURANCE** is filed for all primary and secondary carriers for whom the practice has a valid contract. The patient is responsible for filing claims to carriers for whom the practice does not have a valid contract. There can be significant variances on services covered, deductibles, copays, requirements, preauthorization for services to verify services and physicians are covered of your insurance plan. If there are any questions, the insured is their insurance carrier to confirm coverage. If any services are denied as out of network, not covered by the terms of the policy, policy not in force, not medically necessary or have a deductible or copay issue, the patient or responsible party will be billed.

**PATHOLOGY** charges will be incurred when biopsies or other excisions are performed by your provider. It is important to have a skilled dermatopathologist interpret all specimens. Most pathology will now be handled by Sagis laboratories. Every effort will be made by these dermatopathology labs to process the charges associated with these services under your insurance plan, even if that office does not accept your insurance. In the event these companies cannot process these charges through your insurance plan, then you will be responsible for payment as with any dermatopathology lab that we have previously used.

**WE DO EMPLOY NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS** in our office. Kathy Nguyen, FNP-BC is our nurse practitioner. Laura Sheedy, PA-C and Catherine Campbell, PA-C are our physician assistants. Please be advised that if you are scheduled with one of the non-physician providers, you will get the same type of appointment as when seeing a physician. You have the right to see a physician in the office as well. If that is your choice, please let the check-in staff know, and they can schedule that appointment for you.

**RETURNED CHECKS** will result in 35.00 service charge. The check amount plus the service charge is to be paid within 5 business days of notification. Failure to pay within this time will result in further collection efforts.

**WALK OUT POLICY:** Payment for services is expected at the conclusion of your appointment. Any patient that walks out of our office without making or arranging payment will be assessed a \$40.00 walk out fee.

**NO SHOW OR LATE CANCELLATION POLICY:** We ask for at least one business day cancellation (24 hour minimum) notice for all canceled appointments. Failure to abide by this will result in a no show fee of \$40.00 for office visits. Surgery or cosmetic visits that are not canceled within this time frame a \$150.00 for a no show fee will be charged to your account and you will need to pay this before rescheduling your services.

**LATE POLICY:** If you are more than 15 minutes late to your scheduled appointment, we will make every effort to work you back into the provider's schedule. However, we may have no choice but to reschedule your appointment.

**REQUEST FOR MEDICAL RECORDS AND COMPLETION OF FORMS :** In the 21<sup>st</sup> Century Cures Act, The Office of the National Coordinator (ONC) for Health Information Technology (HIT) mandates that office Provide patients with convenient access and transparency to their health information and increases patient engagement. Through your patient portal, you have access to your records including lab and pathology results. Please refer to your portal for results and records. You can also update your pharmacy and medical history in your chart. Forms will be charged at \$25.00 per request. Upon receipt of payment, documentation will be returned or can be picked up within 3-5 business days unless otherwise notified.

***TURN OVER FOR MORE INFORMATION***

**STATEMENTS AND BILLING CORRESPONDENCE** are sent to update you as to the status of the account and whether your insurance company has fulfilled their obligation to you, the policy owner, to pay claims in a timely manner.

**DELINQUENT ACCOUNTS** are placed with collections 90 days from the date the services were rendered. Additional fees can be assessed in collection efforts. Patients having financial difficulties are encouraged to discuss them frankly with our Practice Manager before the account becomes delinquent.

**PAYMENTS** are expected at the time services are rendered. This includes all deductibles, co-insurance, copayments, and any non-covered services, such as cosmetic procedures. It should be noted that any procedure performed in the office, such as freezing a wart or performing a biopsy on a mole is considered "office surgery" by all of the major insurance carriers and may be subject to your deductible. Patients who have an insurance carrier with whom the practice has a valid contract will be responsible for all fees as outlined in the patient's contract agreement. To better serve our patients, we ask all patients to keep a card saved on file. We will use this card to collect the payment once your responsibility has been determined by your health plan. Nothing will be charged until then. Your credit card is secure, and we will never charge your card more than you owe. We want this to be easy for you. **What you need to know about Credit Card on File:**

- My credit card will be charged upon review of the final Explanation of Benefits from each applicable insurance company for services rendered while this agreement is in effect.
- I will receive an email notice of the amount to be charged to my credit card approximately 2 days prior to being charged and receipts via email detailing the amount charged.
- My credit card information will be stored electronically by Elavon, Inc., a secure credit card processor affiliated with US Bank that partners with Complete Dermatology to collect payments and provide credit card services. Credit card information will never be shared.
- The maximum amount that can be charged in a given year is 1500.00. Any unpaid amounts relating to services provided while this agreement is in effect that are not covered by insurance will then be billed directly to me.

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#### **HIPAA GUIDELINES AND OTHER DISCLOSURES**

I acknowledge that Complete Dermatology has made the Notice of Privacy Practices available to me. I authorize release of medical information to my primary care or referring physician, to physician consultants if needed, and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the practice. Your signature on the Notice Of Information that is required to be signed on your first visit and authorizes these aforementioned items.

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of the Protected Health Information (PHI). The patient is also provided the right to request confidential information or that communication of PHI be made by alternative means, such as sending correspondence to home, leaving messages on answering machines, and leaving lab or procedure results with a spouse. Please note that unless we have additional authorization in writing, we cannot fax medical records containing PHI. We use email to discuss benign or normal results. Other results that need to be discussed will result in a phone call to any or all of the numbers you have provided.

## 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. If you have any questions about this Notice, please contact our Privacy Officer, Holly Westerby, at (281)240-4313 x 309.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, and other healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information (PHI). 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 healthcare services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling the office and requesting that a revised copy be sent to you in the mail or by asking one at your next appointment.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI):** Your PHI may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay your healthcare bills, and to support the operation of your physician's practice. Following are examples of the types of uses and disclosures of your PHI that your physician's office is permitted to make.

- **Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with another provider. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI 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. In addition, we may disclose your PHI from time to time to another physician or healthcare provider who, at the request of your physician, becomes involved in your care by aiding with your healthcare diagnosis or treatment to your physician.
- **Payment:** Your PHI will be used and disclosed as needed to obtain payment for your healthcare services provided by our practice. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend or provide for you such as: deciding of eligibility or coverage for the insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
- **Healthcare Operations:** We may use or disclose, as needed, your PHI to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, quality review activities, training of medical students, licensing, and conducting or arranging for other business activities.
- We could share your PHI with third party "Business Associates" that perform various activities for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of the patient's PHI.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object:** We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

- **Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your PHI for public health purposes and activities to a public health authority that is permitted by law to collect or receive the information.
- **Communicable Diseases:** we may disclose your PHI if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

- Abuse or Neglect: We may disclose PHI to an oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information may include government agencies that oversee the child and adult protective services.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to a copy of your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

**HIPAA permits us to charge a reasonable cost-based fee to provide paper records. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. In any event, the lower fee permitted by HIPAA or the fee permitted by TSBME will be charged.**

### **COMPLETE DERMATOLGY DUTIES**

We are required by law to maintain the privacy of your protected health information and provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

#### **Right to Revise Privacy Practice**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

#### **Complaints/Contact Person**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Complete Dermatology Compliance Officer  
7616 Branford Pl, Suite 240  
Sugar Land, TX 77479

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concerns to the same address.

You are not penalized or otherwise retaliated against for filing a complaint.

To file complaints involving covered entities located in Texas send to the address list below:

U.S. Department of Health and Human Services  
HIPAA Complaint  
7500 Security Blvd.,C5-24-04  
Baltimore, MD 21244