

SOUTH SHORE WOMEN'S HEALTH CARE

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.

Uses and Disclosures

- **Treatment.** Your protected health information (PHI) may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.
- **Payment.** Your PHI may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer, anyone that you may use to pay for services.
- **Health care operations.** Your PHI may be used as necessary to support the day-to-day activities and management of the medical center.
- **Law enforcement.** Your PHI may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.
- **Public health reporting.** Your PHI may be disclosed to public health agencies as required by law.
- **Appointment reminders.** Your PHI will be used by our staff to send you appointment reminders.
- **Information about treatments.** Your PHI may be used to send you information that you may find interesting on the treatment and management of your medical condition.
- **Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above (*i.e. marketing, fundraising, and sale of your PHI*) requires your specific written authorization. You have the right to opt out of any fundraising communications. You must authorize disclosure for any psychotherapy records. If you change your mind after authorizing a use or disclosure of you information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

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 PHI (*i.e. restricting the sending of information to your insurance for services that you have personally paid in full*).
- The right to receive confidential communications about your medical condition and treatment.
- The right to inspect and copy your PHI.
- The right to amend or submit corrections to your PHI.
- The right to receive an accounting of how and to whom your PHI has been disclosed.
- The right to receive notice of any breach of your PHI.
- The right to receive a printed copy of this notice.

South Shore Women's Health Care Duties

- We are required by law to maintain the privacy of your PHI and to provide you with this Notice. We and our business associates are required to abide by the privacy policies and practices outlined in this notice.

Right to Revise Privacy Practices

- As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in federal and state laws and regulations. Any revisions will apply to all PHI, and will be updated within 180 days of the final federal ruling.

Requests to Inspect PHI

- You may generally inspect or copy the PHI that we maintain. As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

- 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 our Privacy Official, or by calling 269-428-2800.
- 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 concern. You will not be penalized or otherwise retaliated against for filing a complaint.

SOUTH SHORE WOMEN'S HEALTH CARE

FINANCIAL POLICY

Insurance

You must provide your insurance card at the time of service, and we ask that you inform us of any changes to your address, phone number, employment status, or insurance coverage. If you do not have the information requested, i.e., insurance cards, we may ask you to reschedule your appointment or pay in full at the time of service. We will only accept Medicaid as secondary insurance to a commercial insurance that we participate with, or Medicare. We do NOT accept Medicaid as a primary insurance. We will only accept Michigan Medicaid as a secondary insurance from the date it is presented forward. If circumstances arise that you are only covered by Medicaid; you have the option to waive the Medicaid benefits at our office, or you will be expected to transfer your care to a provider that accepts Medicaid payments.

Co-pays, Deductibles, and Non-Covered Services

All co-payments, deductibles and non-covered services are due at the time of service. We cannot waive co-payments or deductibles as this would be a breach of contract between you and your insurance carrier.

Lab Fees

Any costs incurred from lab tests ordered by physicians that are sent to outside labs, that may not be completely covered by your insurance, will be patient's responsibility.

Claim Submission

We will submit to all insurance companies as a courtesy. If we do not participate with your insurance carrier, you will be expected to pay in full at the time of service as your insurance will reimburse you directly if you have the appropriate benefits for the services performed.

Non-Payment

If your account becomes 90 days past due, you will receive a pre-collection letter. Your medical care is our priority and your compliance with financial responsibilities is appreciated. If, however, your account remains unpaid and we forward your account to an outside collection agency, the account will be assessed a 35% collection fee of the remaining balance.

Returned Checks

In the event that we receive a returned check due to insufficient funds, or a stop payment; a \$30 fee will be assessed to your account.

Insurance Forms, Medical Records, and Disability Forms

We charge an administrative fee for completing insurance forms, copying medical records and disability verification forms. We request 7-10 business days to complete.

Cancellation / No Show Policy

We ask if you need to cancel or reschedule an appointment, that you do so 24 hours prior to your scheduled time. Our "No Show" policy allows you to miss one appointment. If you should miss a second appointment, a \$25.00 charge will be added to your account that must be paid in full before future appointments.

I understand and agree that by signing my *Patient Information Form* I will be financially responsible for services provided to me and all costs of collection incurred by the practice should my account be determined delinquent. I have provided the practice with all of my insurance coverage and will keep this office informed if my coverage changes. I have read and understand the policies and how they affect me and my financial obligations to the practice. My signature also indicates that I authorize the release of any medical information necessary to process my insurance claims. I understand and agree that I am responsible for all charges not authorized by my insurance carrier.