

NOTICE OF HEALTH INFORMATION PRACTICES

This notice is being supplied to you in compliance with federal laws. The notice describes how medical information about you may be used and disclosed by our practice and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, 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 record, serves as:

- a basis for planning your care and treatment ·
- a means of communication among the many health professionals who contribute to your care ·
- a legal document describing the care you received ·
- a means by which you or a third-party payer can verify that services billed were actually provided ·
- a tool in educating health professionals ·
- a source of information for public health officials charged with improving the health of the nation ·
- a source of data for facility planning and marketing ·
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve ·
- an understanding of what is in your record and how your health information is used to help you to: ·
 - ensure accuracy ·
 - better understand who, what, when, where, and why others may access our health information ·
 - make more informed decisions when authorizing disclosure to others

WE WILL USE AND DISCLOSE YOUR INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS. We are permitted by law to use or disclose your health information without your specific authorization for the purposes of treatment, payment for our services and health care operations.

Examples of Disclosures for Treatment, Payment, and Health Operations ·

- **We will use your health information for treatment.**
For example, we will use your health information to provide medical services to you. Any of our staff involved in your care will have access to your health information. We may also provide your health information to other health care providers involved in your care to assist them in providing medical services to you.
- **We will use your health information for payment.**
For example, a bill may be sent to you or your insurance company. The information on or accompanying the bill or claim will include information that identifies you, as well as your diagnosis, procedures, and supplies used. We also may disclose health information to your health plan or health insurer when they require pre-authorization of a recommended procedure.
- **We will use your health information for regular health operations.**
For example, for scheduling, conducting quality assessments, case management and coordination, auditing of records for coding and billing patterns, or 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 health care and service we provide.

DESCRIPTION OF OTHER PURPOSES WE CAN USE OR DISCLOSE YOUR PHI.

- **Business Associates**
Certain our business operations may be performed by other businesses. We refer to these companies as "business associates." Examples include-diagnostic services, certain laboratory tests, a billing service to mail out your statements. In order for these business associates to perform the required service, we may need to disclose your PHI to them so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- **Notification purposes.**
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 personal 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.
- **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.
- **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 the 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.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain copies of your health record, except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings
- request an amendment to your health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above
- obtain an accounting of certain disclosures of your health information
- request communications of your health information by alternative means or at alternative locations, for example, faxed to you at work or mailed to a special address

You may exercise any of the above rights by submitting a signed letter detailing your request and mailing or delivering the letter to the office manager. However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms needed to process your request.

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- 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 of your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices

change, we will post a copy of the revised Notice in our waiting area, as well as on our website (www.cedarparadoctors.com) which indicates the effective date of the amended Notice. You may request and obtain a copy of our Notice of Privacy Practices anytime you visit our office.

If a use or disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without specific written authorization. You may, at any time, revoke a written authorization, in writing, except to the extent that we have already taken action in reliance of your authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at your doctor's office. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer in this office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

How May I Pay?

We accept payment by cash, check, VISA, Mastercard,

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need designate one of our physicians as your Primary Care Physician (PCP). If we have not been designated as your PCP prior to your arrival at the office, we have a telephone available for you to call your Insurance company to designate us. If you are unable to obtain the PCP designation at that time, you will be rescheduled.

Which Plans Do You Contract With?

Please see list.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Office Services

If You Have...	You are Responsible For...	Our Staff Will...
Commercial Insurance; Also known as indemnity, "regular" insurance, or "80% / 20 % coverage.	Payment of the patient responsibility for all office visit, x-ray, injection, and other charges at the time of office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as courtesy to you.
HMO & PPO plans with which we have a contract	If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit. If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you.
HMO with which we are not contracted	Payment in full for office visits, x-ray, injections, and other charges at the time of	Provide the necessary information for you to complete and file your

Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File an insurance claim on your behalf.
Medicare	If you have Regular Medicare, and have not met your \$100 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit. If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% copay is requested at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	All applicable copays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
No insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

If You Have...	You Are Responsible For...	Our Staff Will...
	office visit.	claim directly with the insurance company.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File an insurance claim on your behalf.
Medicare	If you have Regular Medicare, and have not met your \$100 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit. If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% copay	File the claim on your behalf, as well as any claims to your secondary insurance.

	is requested at the time of the visit.	
Medicare HMO	All applicable copays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation	<p>If we have verified the claim with your carrier, no payment is necessary at the time of the visit.</p> <p>If we are not able to verify your claim, payment in full is requested at the time of the visit.</p>	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
Worker's Compensation (Out of State)	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
Occupational Injury	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.