

## PATIENT RIGHTS AND NOTICE OF PRIVACY PRACTICES

**RIGHT TO OBTAIN A PAPER COPY:** The Notice of Privacy Practices is provided to all patients and/or guardians upon admission to facility for treatment and upon patient request at any time.

**RIGHT TO FILE A COMPLAINT:** Patients have the right to file a complaint with the facility management and with the Secretary of the Department of Health and Human Services regarding concerns pertaining to the use and disclosure of an individuals' PHI.

**RIGHT TO REQUEST RESTRICTIONS:** Patients have the right to request limitations and privacy restrictions on how their PHI information is used or disclosed. The facility President/CEO Officer will determine if request are agreeable. In the event that a patient self pays for a service or procedure, the facility may not disclose information regarding the service or procedure to the patients' health plan.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:** The patient has the right to request to receive confidential communication concerning use and disclosure of PHI.

**RIGHT TO INSPECT AND COPY MEDICAL RECORDS:** Patients have the right to request to inspect and obtain copies or transmission of medical records including EMR records. Individuals may be charged a fee for the cost of copying or transmitting records.

**RIGHT TO AMEND:** A patient or patient representative may request an amendment to supplement a patient's record. This does not apply to the deletion, erasure, removal, or otherwise destruction of any part of the medical record. The request must be in writing with a specific reason for the request indicated. The request will be reviewed and acted upon within 60 days.

**RIGHT TO REQUEST ACCOUNTING OF DISCLOSURES:** Patients have the right to ask for an accounting of disclosures made after April 14, 2003 not related to treatment, payment, or other health care operations. If the facility uses or maintains EMR records, the patient has the right to an accounting of disclosures including treatment, payment, and healthcare operations for the past 3 years.

**RIGHT TO RECEIVE UPDATED NOTIFICATION OF PRIVACY PRACTICES:** Patients have the right to receive notice of changes in the Privacy Practice on or after the effective date of the change.

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### PAYMENT POLICY

**PICTURE IDENTIFICATION:** In order for the facility to file an insurance claim, and as a procedure for identity theft detection, a picture ID is required. If the patient is a minor under 17, an ID must be obtained from the parent, legal guardian, next of kin or accompanying adult.

**BALANCE:** Previous balances owed to the facility will be requested at time of registration, and any outstanding patient balance will be billed with accrued interest.

**RECHECK:** If returning for routine follow-up care within 3 days of the initial injury/illness, no charges will be applied. If additional treatment or services are needed applicable charges will apply.

**INSURANCE:** The facility will accept assignment of insurance benefits and the patient is responsible for co-insurance, co-payments, and/or deductibles at the time of service. If verification of a co-payment cannot be obtained, the patient is required to pay the specialist co-pay for the visit. If insurance is a non-contracted plan (out-of-network), the facility will courtesy file the claim for services rendered and any monies received by the facility will be reimbursed to the patient or responsible party.

**PRIVATE PAY:** If no insurance coverage, fees are due at the time of service. \$100 will be collected at time of check-in. A payment discount of 25% will be applied only if the remaining balance is paid in full at check out. If the balance is less than \$100, a refund will be given at time of check out.

**MEDICAID:** Medicaid/Community Care is required to have a Back-Up Provider Agreement or a referral from the patient's Community Care provider. The facility will treat Medicaid/Community Care patients between the hours of 3:00 pm – 11:00 pm, Monday-Friday, 9:00 am – 11:00 pm on Saturday & Sundays or 10:00 am – 5:00 pm on holidays.

**DISCHARGE:** The facility has the right to withhold discharge paperwork and prescriptions in the event of non-payment.

**PAYMENT OPTIONS:** Visa, MasterCard, American Express, Discover, FEMA/Red Cross debits cards, personal check, or cash are accepted payment methods.