



## **PATIENT POLICIES AND PROCEDURES & NOTICE OF PRIVACY PRACTICES**

### **PAYMENT AND BILLING POLICY & PROCEDURES**

Please take a few moments to review the following information concerning the payment and billing procedures of the services you will receive in our office. We have provided this information for you because, ultimately, you are responsible for all charges and payments for services rendered and knowing and understanding the policies and benefits of your insurance plan.

It is the responsibility of the patient to provide MedQuan Sports Medicine with the most up-to-date insurance information. Please check with your insurance carrier to insure the physician of your choice is a participating member of your medical plan. As a courtesy, we will submit a claim for all physician services to your insurance company. Please be advised that unreported changes in medical insurance could result in billing delays and errors.

Co-payments and/or deductibles are the responsibility of the patient and will be expected at the time of service. For your convenience, we accept cash, personal check, VISA or MasterCard.

Patients who are self-pay or those who incur services that not covered by their insurance are expected to pay in full at time of service.

Billing statements will be mailed for any denied or unpaid claims. The statement will reflect all charges not covered by your insurance company and any payments received. Payment is expected within 30 days. If no payment has been received within this time frame, a second statement will be sent. In the event that a third and final statement is required, additional collection steps will be taken. At this time, a collection letter will be sent and your physician will be notified as to the status of your delinquent account. Your failure to make payment may result in turning over your account to an outside collection agency and discharging you from the practice wherein notification will be made via certified mail.

### **MISSED APPOINTMENT POLICY**

In order to provide quality care to our patients, improve access to our physicians, and minimize frustrations in getting timely appointments, our office has adopted the following policy regarding missed appointments.

I understand that if I should fail to keep a scheduled appointment three (3) times in a twelve (12) month period, I will be discharged from the practice. It will then be necessary for me to make arrangements to receive my medical care elsewhere.

I further understand the procedure works as follows:

- If I cannot attend a scheduled appointment, the office needs to be contacted no later than the business day prior to the scheduled appointment to cancel the appointment and avoid a "missed appointment."
- A fee may be charged for each "missed appointment."
- After one appointment is missed, a notification will be sent to me indicating a scheduled appointment has been missed.
- Upon missing a third scheduled appointment, a certified letter will be sent to me indicating that I now have thirty (30) days to arrange medical care elsewhere. I further understand that MedQuan Sports Medicine will continue to provide medical care during that period on emergency basis only. Thirty days from the receipt of the discharge letter, I understand that I will be removed from this office's active patient list.
- Parents and/or legal guardians will be held responsible for the appointments of minor children.

### **DISCLOSURE OF INFORMATION FOR REIMBURSEMENT AND ASSIGNMENT OF BENEFITS**

I authorize MedQuan Sports Medicine to disclose protected health information to my insurance carrier or other third party responsible for my bill as required in order to receive reimbursement for services provided. This information may include mental health treatment, genetic testing, and information about serious communicable diseases, such as STDs, hepatitis, HIV, and AIDS.

I authorize and request assignment of benefits to be paid directly to MedQuan Sports Medicine. I acknowledge and agree to pay any unpaid balances not covered by my insurance policy, including deductibles and co-payments.

## **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 the Privacy Official for:  
MedQuan Sports Medicine  
(810) 220-8600

### **Introduction**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

At MedQuan Sports Medicine, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. This notice also describes your rights as they relate to your Protected Health Information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

### **Acknowledgment of Receipt of this Notice**

You will be asked to provide a signed acknowledgment that you have read the Notice of Privacy Practices (HIPAA). Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide you treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

### **Understanding Your Health Record/Information**

Each time you visit MedQuan Sports Medicine, 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, and serves as a:

- Basis for planning your care and treatment,
  - Means of communication among the many health professionals who contribute to your care,
  - Legal document describing the care you received,
  - 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 data for medical research,
  - A source of information for public health officials charged with improving the health of this state and the nation,
  - A source of data for our planning and marketing,
  - A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- 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 disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of MedQuan Sports Medicine, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524,
- Request to Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

MedQuan Sports Medicine 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,

5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative location, and
6. Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

MedQuan Sports Medicine, reserves the right to change our Privacy Information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be available to you at this office during business hours, or by mail if requested. We will not use or disclose your health information without your authorization, except as described 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.

**Examples of How MedQuan Sports Medicine May Use or Disclose Your Health Information:**

**For Treatment:** We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to those actions.

**For Payment:** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For health care operations:** We may use and disclose health information about you for health care operations to ensure that you receive quality health care. 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.

**Appointments and Treatment Alternatives:** We may use your information to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

**Business associates:** Some services provided in our organization are provided through Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, or a copy service we may 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 may use your name, if you have been transported to a hospital or other facility, and give your general condition, and religious affiliation for directory purposes. This information may be provided to family members or members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification, or Communication with Persons Involved in Care:** Health professionals, using their best judgment, may use, or disclose information to notify or assist in notifying family relatives, personal representatives, close personal friends, or other people you identify; information relevant to that persons' involvement in your care or payment information 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.

**Coroners, Medical Examiners and Funeral Directors:** We may release health medical information to a coroner or medical examiner to determine the cause of death. We may also 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.

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

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities. This may include sharing your information:

- to prevent or control disease, injury, or disability;
- to report reactions to medications or problems with products;
- to notify the Food and Drug Administration (FDA) of adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement;
- to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to report the abuse or neglect of children, elders and dependent adults.

**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.

**Required by Law:** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

**Health Care Oversight:** 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.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions:** Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

For More Information or to Report a Problem, or If you have questions and would like additional information, you may contact our practice.

MedQuan Sports Medicine  
110 East Main Street  
Brighton, MI 48116  
Phone: (810) 220-8600  
FAX: (810) 220-8669

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for 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, SW  
Washington, D.C. 20201  
Phone: (866) OCR-PRIV or (866) 627-7748  
(886) 788-4989 TTY

**Acknowledgment of Receipt of this Notice**

MedQuan Sports Medicine is concerned about the privacy of our patients' health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

**Thank you for taking the time to read this important information.**

We are willing to provide you with a copy.