

**OFFICE FINANCIAL POLICY**

Please read this carefully, and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, patient will be asked to verify your insurance carrier information at every visit. Patient will be provided with co-pay amount if applicable and by agreeing to this document, patient is consenting to bill insurance for services rendered during visit.
2. You are responsible for any and all co-payments, deductibles, and coinsurances as determined by your plan.
3. It is patient responsibility to understand patient benefit plan. It is patient responsibility to know if a written referral or authorization is required to see specialists or for current visit, if pre-authorization is required and patient has not obtained pre-authorization, patient may receive a bill from insurance company and patient will be held responsible for said balance or amount.
4. If patient does not have insurance, payment for an office visit is to be paid in full at the time of the visit. If during the visit, provider recommends additional studies or procedures, patient will be responsible for paying for said studies or procedures at the checkout desk immediately after the visit is concluded.
5. Co-payments are due after processing of your claim by your insurance carrier(s). The method of payment provided at the time of service will be used. A \$35 return item fee will be charged in addition to your balance if the payment is returned.
6. Not all services provided by our office are covered by every plan. Any service determined to not be covered by patient insurance plan will be patient responsibility.

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Patient Signature (or Guardian)

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Patient Name

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Date

### **Notice of Privacy Policies**

- 1- I hereby give my consent for Best Health Urgent Care & Clinic to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations.
- 2- I have the right to receive a copy of the Notice of Privacy Policies, which can be revised at any time if necessary.
- 3- I have the right to request that Best Health Urgent Care & Clinic restricts how it uses or discloses my PHI out to TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement
- 4- With this consent, Best Health Urgent Care may contact me in reference to any items that assist the practice in carrying out TPO, such as appointment reminder, calls, texts, emails, patient statements, insurance items, and laboratory results among others. Best Health Urgent Care & Clinic may use phone, text, voicemail, email, or US mail to contact me regarding such information
- 5- I may revoke consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent

### **Acknowledgment of Receipt of Notice of Privacy Policies**

I hereby acknowledge receipt of the Notice of Privacy Practice from Best Health Urgent Care & Clinic pursuant to HIPAA and have been advised that a full copy of this office's HIPAA compliance Manual is available upon request. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information. I understand that the practice has reserved a right to change its privacy practices that are described in the notice. I also understand that a copy of any revised notice can be provided to me or made available upon written request.

### **Financial Policy**

In order to provide high-quality healthcare services, it is very important for a practice to stay financially viable.

- 1- Payment is due at the time of service unless arrangements have been made in advance. We accept cash, Visa, Master Card and American Express. We reserve the right to accept checks for our established patients. For returned checks, a fee of \$ 30 will apply.
- 2- Your health plan is a contract between you and your Insurance Company. Health plans vary widely in terms of benefits and coverage options, and in some instances, your financial responsibility may not be evident until we receive a response from the insurance company. You will be responsible for Co-pay, Co-insurance, and Deductible and uncovered charges, as applicable. The co-pay amount paid at the time of service is only an estimate of the patient's responsibility.
- 3- We bill and file claims with the contracted insurance companies. If your insurance company does not pay the clinic within a reasonable time (30-40 days), we will contact you for payment.
- 4- The services rendered may not be covered by your health plan. If the insurance company determines a service as "not covered", you will be responsible for all charges. If it is later determined that your coverage was not active on the day of the service, you will be responsible for all charges.
- 5- The billed charges from the clinic will be due within 30 days of the billed date. If you are unable to pay, please call the office to set up a payment plan or an alternate arrangement. If we do not get a response from you after multiple contact attempts, your case may be referred to a collection agency.

### **Consent for Medical Care, Treatment, Chart Review, Telemedicine, & e-Prescribe**

- 1- I understand that my health condition may require diagnosis and treatment. I hereby voluntarily consent to such treatment, services and procedures as ordered by the healthcare provider, his/her consultants, associates and his/her assistants, or his/her designees I also understand healthcare providers in professional training programs may be among the individuals who provide care to me.
- 2- I authorize the providers at Best Health Urgent Care & Clinic and their assistants/designees to work to discuss my medical history, diagnosis treatment and prognosis as provided in the notice of privacy practices. I have the right to add anyone or any organization that I do not wish to have my medical information by requesting in writing at any time.
- 3- I understand there are times when the law allows the provider and their assistants/designees to release information regardless of whether I give my consent as outlined in the notice of privacy practices. For example, Best Health Urgent Care & Clinic may release information to doctors, nurses and others who provide me with health care or are prospective health care providers; to government agencies as authorized by law to insurance companies or others who are responsible for paying my medical bills; or

to a court of law that issues a subpoena or court order. I understand this information may be released either orally or in written document form.

- 4- I hereby authorize Best Health Urgent Care & Clinic to release any information acquired in my examination or treatment necessary to process my insurance claims. I release Best Health Urgent Care & Clinic and its associates from all legal responsibility that may arise from the act that I have authorized. I request payment under the medical Insurance program be made directly to the provider of service on any unpaid bill for services provided. I permit a copy of this authorization to be used in place of the original.
- 5- I also understand that Best Health Urgent Care uses Tele Health with the use of technology to treat minor conditions if patient chooses that option when necessary, safe, and appropriate
- 6- I also understand and agree that chart reviews will be performed periodically by our medical director for recommendations and to improve our practices
- 7- By signing this consent form, I am agreeing that Best Health Urgent Care & Clinic can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purpose. Understanding all of the above, I hereby provide informed consent to Best Health Urgent Care & Clinic to enroll me in the e-Prescribe Program.

### **BEST HEALTH URGENT CARE & CLINIC**

#### **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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care 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. "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 health care 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. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

#### **A -USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information 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 health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice. Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- 1- Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information 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 protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
- 2- Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity,

and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. –

- 3- Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities. We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you. We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

### **B- 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 protected health information 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 protected health information 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 protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your protected health information, 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 protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process. **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health 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 protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

### **C- Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

#### **Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care .

### **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information.

You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.

In some circumstances, you may have a right to have this decision reviewed.

Please contact the office if you have questions about access to your medical record. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations.

You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

We will not request an explanation from you as to the basis for the request. Please make this request in writing to the office. You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically

### **Patient Bill of Rights**

Another person chosen by the patient can exercise these rights on the patient's behalf. A proxy decision maker can exercise these rights if the patient lacks decision-making ability, is legally incompetent, or is a minor.

- The patient has the right to considerate and respectful care.
- The patient has the right to and is encouraged to obtain from doctors and other direct caregivers appropriate, current, and understandable information about diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making ability and the need for treatment is urgent, the patient is entitled to the chance to discuss and request information about the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their risks and benefits. Patients have the right to know the identity of doctors, nurses, and others involved in their care, as well as when those involved are students, patients, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to make decisions about the plan of care before and during treatment. The patient has the right to refuse a recommended treatment or plan of care to the extent allowed by law and hospital policy and to be informed of the medical

consequences of this action. In case of refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfers to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

- The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must tell patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
- The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
- The patient has the right to expect that all communications and records related to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will stress the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The patient has the right to review the records about his/her care and to have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to a patient's request for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permitted, or when a patient has requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
- The patient has the right to ask and be informed of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to take part in research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to take part in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
- The patient has the right to expect reasonable continuity of care when appropriate and to be informed by doctors and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods. Patient Responsibilities The partnership nature of health care requires that patients, or their families/surrogates, take part in their care. The effectiveness of care and patient satisfaction with the treatment depends, in part, on the patient fulfilling certain responsibilities. The following are patient responsibilities:
  - Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients are take responsible for asking for additional information or explanation about their health status or treatment when they do not fully understand information and instructions.
  - Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one.
  - Patients are responsible for telling their doctors and other caregivers if they expect problems in following prescribed treatment.
  - Patients should be aware of the hospital's duty to be reasonably efficient and fair in providing care to other patients and the community. The hospital's rules and regulations are intended to help the hospital meet this responsibility. Patients and their families

are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.

- Patients are responsible for giving necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.
- A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

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Patient Signature (or Guardian)

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Patient Name

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Date