

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices tells you about the ways we may use and disclose your protected health information and your rights and our obligations regarding the use and disclosure of your medical information.

I. OUR OBLIGATIONS.

We are required by law to:

- Maintain the privacy of your medical information, to the extent required by state and federal law;
- Give you this Notice explaining our legal duties and privacy practices with respect to medical information about you;
- Notify affected individuals following a breach of unsecured medical information under federal law; and
- Follow the terms of the version of this Notice that is currently in effect.

II. CHANGES TO THIS NOTICE.

We reserve the right to change this Notice at any time, along with our privacy policies and practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well, as any information we receive in the future. We will keep a copy of the current notice posted in our office, and a copy will be available at each appointment.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe the different reasons that we typically use and disclose medical information. These categories are intended to be general descriptions only, and not a list of every instance in which we may use or disclose your medical information. Please understand that for these categories, the law generally does not require us to get your authorization in order for us to use or disclose your medical information.

- Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
- Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. If, however, you pay for an item or service in full, out of pocket and request that we not disclose to your health plan the medical information solely relating to that item or service, as described more fully in Section V of this Notice, we will follow that restriction on disclosure unless otherwise required by law.
- Health care operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.
- Appointment Reminders and Health Related Benefits and Services. We may use and disclose medical information to contact and remind you about appointments. If you are not available, we may leave this information on your voicemail or in a message left with the person answering the phone. We may use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you.
- Business Associates. We may share your medical information with our "business associates". When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.
- Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a

drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

- **Sale of Health Information.** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
- **Required by Law.** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
- **Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
- **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
- **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- **Law Enforcement.** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- **Coroners.** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
- **Organ or Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
- **Public Safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Proof of Immunization.** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed, formally or informally, to the disclosure on behalf of yourself or your dependent.
- **Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
- **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
- **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
- **Electronic Disclosures of Medical Information.** Under Texas law, we are required to provide notice to you if your medical information is subject to electronic disclosure. This Notice serves as general notice that we may disclose your medical information electronically for treatment, payment or health care operations or as otherwise authorized or required by state or federal law.
- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
- **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
- **Fundraising.** We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

IV. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

V. YOUR HEALTH INFORMATION RIGHTS

- **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject any other request, and will notify you of our decision. However, If you pay or another person (other than a health plan) pays on your behalf for an item or service in full, out of pocket, and you request that we not disclose the medical information relating solely to that item or service to a health plan for the purposes of payment or health care operations, then we will be obligated to abide by that request for the restriction unless the disclosure is otherwise required by law. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of the restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).
- **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
- **Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
- **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section III of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
- **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

VI. COMPLAINTS

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to:

Privacy Officer

Elevate Medical Clinics
5207 Heritage Ave. Colleyville, TX 76034
817-355-8000

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

**The U.S. Department of Health & Human Services
Office of Civil Rights**

200 Independence Avenue, S.W.
Washington, D.C. 20201 (202) 619-0257
Toll Free: 1-877-696-6775

FINANCIAL DISCLOSURE AND AGREEMENT

We feel it is important for our patients to have an understanding of our financial policies and how they may be affected by them. Please ask questions regarding this document before you leave the office today. We are more than happy to assist you!

PROOF OF INSURANCE : Your insurance card(s) and a picture ID should be brought to each appointment. It is your responsibility to inform the front desk of any changes in address, phone number or employment and when your insurance plan changes so that the correct plan is billed for your visit. Failure to provide requested information in a timely manner will result in the claim(s) becoming the patient's responsibility. It is also your responsibility to know what your benefits are and if we are a participating provider on your plan.

CONTRACTED INSURANCE: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a copay, coinsurance or a deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. It is our obligation under many of our contracts to report patients who repeatedly refuse to pay copays, coinsurance and deductibles at the time of service or who repeatedly "no show" for appointments. If you are reported, you could possibly lose your health care benefits. Contact your employer's human resource department for further clarification of your benefits and obligations. If your insurance requires a referral and/or prior authorization, you are responsible for making sure you have that authorization prior to seeing a specialist.

NON-CONTRACTED INSURANCE: Your insurance is a contract between you and your insurance company. We are not a party to that contract. Using an out-of-network provider will generally result in a greater out of pocket cost. We will bill your primary insurance company as a courtesy to you and you agree to pay any portion of the charges not covered by insurance. If your insurance requires a referral or prior authorization, you are responsible for obtaining it.

WORKERS COMPENSATION/MOTOR VEHICLE ACCIDENTS: Please note that we cannot treat for *worker's comp injuries*; contact your employer for further instruction. If you have been involved in a *motor vehicle accident*, we can treat you, however, we cannot bill a third party for the charges. You will be responsible for payment in full and we will provide you with the information necessary to file on your own.

PAYMENT OPTIONS: We accept cash, money orders, personal checks, debit, and credit cards. We *do not* accept temporary or post-dated checks. Checks presented are electronically converted to an ACH debit. There is a \$25 fee for all returned checks.

REQUIRED PAYMENTS: Patients without insurance, as well as those who have insurance but are seen for non-covered services, will be expected to pay in full at the time of service. Copays, coinsurance and deductibles are **due at the time** of your visit.

SECONDARY INSURANCE: Our office does not file with secondary insurances unless required by law. If you do not have a government regulated plan, you will be expected to pay your primary insurance's required copayments, coinsurance or deductibles at the time of service.

FEES: *No Show Fees* - \$25 for missed physicals, well exams or surgical appointments, and \$15 for all other types of missed appointments. *FMLA or Disability paperwork:* \$25.00 fee due at pick-up of the completed paperwork. *Medical Records:* One copy provided per year at no cost. Additional copies are \$25.00 for the first 20 pages and \$.15 for every page thereafter, plus postage.

MONTHLY STATEMENTS: If you have a balance on your account, we will send you a monthly statement. Unless other arrangements have been made in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

PATIENT RESPONSIBILITY: If you receive a bill after your share has been collected at checkout, it could be due to several things, including incorrectly quoted benefits or claim processing by your insurance company. If an explanation of benefits is received from your insurance company showing a difference in patient responsibility than what was collected in our office, we will adjust your account accordingly. Please note that payment at the time of service does not equal payment in full. If you feel your claim may have been processed incorrectly, please call your insurance company.

PAST DUE ACCOUNTS: We are a member of the American Credit Bureau. If your account becomes past due, we will take necessary steps to collect this debt. If your account is referred to a collection agency, you agree to pay all of the collection costs which are incurred. Failure to meet your financial obligations may also result in termination (upon 30 day notice) from treatment by our doctors.

WAIVER OF CONFIDENTIALITY: You understand if this account is forwarded to a collection agency and your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

DIVORCE: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

EFFECTIVE DATE: Once you have signed the acknowledgment for this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

5207 Heritage Avenue. Colleyville, Texas 76034
P 817.355.8000 F 817.283.0400

Patient - Copy