



HIPAA 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.

Uses and Disclosures

- **Treatment.** Your protected health information (PHI) may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.
- **Payment.** Your PHI may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer, anyone that you may use to pay for services.
- **Health care operations.** Your PHI may be used as necessary to support the day-to-day activities and management of the medical center.
- **Law enforcement.** Your PHI may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.
- **Public health reporting.** Your PHI may be disclosed to public health agencies as required by law.
- **Appointment reminders.** Your PHI will be used by our staff to send you appointment reminders.
- **Information about treatments.** Your PHI may be used to send you information that you may find interesting on the treatment and management of your medical condition.
- **Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above (*i.e. marketing, fundraising, and sale of your PHI*) requires your specific written authorization. You have the right to opt out of any fundraising communications. You must authorize disclosure for any psychotherapy records. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your PHI (*i.e. restricting the sending of information to your insurance for services that you have personally paid in full*).
- The right to receive confidential communications about your medical condition and treatment.
- The right to inspect and copy your PHI.
- The right to amend or submit corrections to your PHI.
- The right to receive an accounting of how and to whom your PHI has been disclosed.
- The right to receive notice of any breach of your PHI.
- The right to receive a printed copy of this notice.

University Medical Specialties Duties

- We are required by law to maintain the privacy of your PHI and to provide you with this Notice. We and our business associates are required to abide by the privacy policies and practices outlined in this notice.

Right to Revise Privacy Practices

- As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in federal and state laws and regulations. Any revisions will apply to all PHI, and will be updated within 180 days of the final federal ruling.

Requests to Inspect PHI

- You may generally inspect or copy the PHI that we maintain. As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

- If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our Privacy Official, or by calling 269-473-2222.
- If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern. You will not be penalized or otherwise retaliated against for filing a complaint.



UNIVERSITY MEDICAL SPECIALTIES, 9045 U.S. 31, Berrien Springs, MI 49103
Phone 269-473-2222 Fax 269-473-6880

FINANCIAL POLICY

Thank you for the opportunity to be involved in your health care. We take pride in our efforts to improve all services presented to you. Our goal is to take the hassle out of billing by collecting accurate insurance and payment information at the time of your visit. Below are the financial policies that enable us to manage your financial account here at the medical center.

Payment Terms

Payment for all charges is expected at the time of service. Acceptable forms of payment include your insurance, Visa, MasterCard, Discover, checks and cash. All returned checks will result in a service fee charged to your account.

Billing Process

We bill participating insurance companies as a courtesy to you. You are responsible for paying deductibles and copays at the time of service according to your insurance policy. All charges incurred at the medical center are your responsibility. If no payment is received from your insurance company within 60 days, you will be expected to pay the balance in full. Patients with an outstanding balance over 60 days old must make arrangements for payment prior to scheduling any additional appointments. If no payment is received by you, collection action may be taken against your account, and resulting collection fees no greater than 30% will be added to your balance.

Insurance companies that we do not participate with may not accept claims from our office. In those cases we will provide you with all necessary information to bill your insurance directly.

Missed Appointments

If you are unable to be present for your scheduled appointment, please call to cancel at least one hour before your appointment time. Any missed appointments will be logged within your medical chart, and could result in a fee added to your account.

Minors

All patients under the age of 18 must be accompanied by a parent or legal guardian. On a case by case basis a minor may be seen if their parent or legal guardian sends with them a signed release for treatment. Please call the Office Manager before your scheduled appointment time to ask if this would be a possibility for you. Whoever brings a minor patient to the office is considered responsible for their charges for the day, and must make all necessary arrangements for payment of services provided.

PATIENT ACKNOWLEDGEMENT

I verify that I have read and understand the Notice of Privacy Practices and Financial Policy of University Medical Specialties, and I understand that I may request a copy of these policies at any time. I agree to accept full responsibility for all services rendered, as well as all fees represented within my financial account. I hereby give University Medical Specialties permission to release all necessary information to my insurance company for billing purposes.

Patient Name

Date

Signature of Patient or Representative

Relationship of Representative