

HEALTHQUEST

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find HealthQuest will do all it can do to protect the privacy of your mental health records.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose *your* health information.

The mental health licensing law provides extremely strong privileged communication protections for conversations between your mental health provider and you. There is a difference between privileged conversations and documentation in your mental health records. Records are kept, documenting your care, as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your "designated medical record" as well as some material, known as "Psychotherapy Notes" which is not accessible without your authorization to insurance companies and other third-party reviewers.

HIPAA provides privacy protections about your personal health information- We may use and disclose your medical and mental health records *without authorization* for each of the following: treatment, payment and health *rate*. These functions require release of "protected health information" (PHI). Below, we have defined these three (3) functions: treatment, *payment*, and *health care operation*

- Treatment refers to HealthQuest and its treating providers, providing activities, coordinating or managing your mental health care and other related services. Examples of this would include a behavioral health medication follow-up visit, psychological testing, a counseling session in which the healthcare provider records information in the health record or during the course of your treatment, the treating provider determines he/she will need to consult with another specialist in the area- He/she will share the information with such specialist and obtain his/her input. Also, this includes communication between the HealthQuest provider and any other treating provider for the purpose of providing health care to you..
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Examples of this would be sending a bill for *year* visit to your insurance company for payment or the health insurance company or a business associate helping us obtain payment, and then requesting information from us regarding your medical care. We will provide information to them about *you* and the care given.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service_ An example would be an internal quality assessment review. We will share information about you with such business associates as necessary to obtain these services.
- Judicial or administrative proceedings (i.e., if you are ordered here by the court for an independent child custody evaluation in a divorce)
- Serious Threat to Health or Safety (i.e., our "Duty to Warn" law, national security threats)
- Workers Compensation Claims (if you seek to have your care reimbursed under workers compensation, all of your care is automatically subject: to review by your employer and/or insurer(s), except

Psychotherapy Notes. If requested, we will obtain *your* written authorization before releasing any Psychotherapy Notes, unless required by law.

- Disclosures to coroners, medical examiners, and funeral directors
- Disclosures to organ procurement organizations

Your Health Information Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer;

- 1 Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office-we are not required to grant the request but we will respond to any request;
- 2 Obtain a paper copy of the Notice of Privacy Practices for Protected Health information ("Notice"),
3. Right to inspect and copy your records in the designated mental health record set and billing record-you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request; or you have the right to appeal a denial of access to your protected health information except in certain circumstances;
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our ^{office} using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
5. Right to receive an accounting of non-authorized disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal mars; of information for treatment, payment, or operations, disclosures made to you or made at your request, or non-medical records (clinical information) disclosures made to family members or friends in the course of providing care;
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our ^{office} using the form we give you upon request; Example would be you may not want your bills sent to your home address so you may request them to be sent to another location of your choosing;
7. Right to revoke your authorization of your protected health information except to the extent that action has already been taken; and,

If you want to exercise any of the above rights, please contact Patricia Hughes at (901) 566-1002, 2620 Thousand Oaks Blvd. Suite 3200, Memphis, TN 38118, in person or in writing, during regular office hours-She will provide you with assistance on the steps to take to exercise your rights_

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by the state and federal law;
- Provide you with a notice of our duties and privacy practices.
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request.

Patient Agreement with Policies and Procedures

WELCOME TO OUR PRACTICE.

The following information is provided to assist you, the patient or responsible party, in understanding policies and procedures at our practice. We strive to provide you care which is both comfortable and of the highest quality. Please do not hesitate to ask your treating provider or the administrative staff questions.

NOTICE OF PRIVACY PRACTICES

We request that you read the newly required Notice of Privacy Practices located in the black binders in the reception area. If you are unable to locate one of these binders, please ask the front desk to assist you. We are now required with passage of the federal "medical records privacy law" known as HIPAA (Health Insurance Portability and Accountability Act). We are required by law to give you a copy of this document, if so requested and to secure your signature indicating you have read and understood this policy and have received a copy if requested. We understand you are probably asking, "What is this?" Although it may seem complex it's not as complicated as it appears. This notice talks about the privacy of your mental health and medical information. Although we have always guarded your privacy, there is a government regulation requiring us to spell out your rights.

APPOINTMENTS

Typically the clerical staff will schedule your appointments. However, the provider may do so if the clerical staff is unavailable. An appointment card is given and a reminder is made one to two days before your appointment. This call is made as a courtesy. Please ensure we have a current telephone number on file.

Since patients are seen by appointment only (unless an emergency situation dictates otherwise), the appointment time given is reserved for you. Please give at least 24 hours notice if you must cancel your reserved time. Sometimes illnesses and emergencies happen which prevent you from keeping your reserved time, and we do not usually charge a fee for these infrequent occurrences. *However*, if the treating provider assesses a charge, the charge will be 530.00. Please understand that insurance companies usually are not charged for missed appointments and you are fully responsible for any charge due to a missed appointment unless you have a contractual agreement with your insurance company that states otherwise. In addition, if you do not keep your regularly scheduled appointments, it will be difficult for us to provide you with the best level of *treatment* available. It is very important for you to follow the recommended treatment plan established between you and your treating provider. If you fail to show for numerous scheduled appointments, the treating provider may terminate your care at our office. When appointments are missed, please discuss with your treating provider the reason for the missed appointment on the next visit.

AFTER HOUR COVERAGE

We do provide 24-hour emergency services. We use an answering service to assist us with all urgent matters or emergencies. After hour services must be limited to urgent matters or emergencies only. A return call will be promptly made. However, we recommend going to the nearest emergency room or calling 911 if the *emergency* is critical. Inform the hospital of your doctor's name so they can contact them via phone. Medication refills, appointments, and other non-emergency services must be handled during regular business hours (9:00 am to 4:00 pm). -

MEDICATION CALLS

Medications are given in quantities to last until your next scheduled appointment. Please *refer* to our medication policy. Our office usually processes medication refills within the same business day but it can take as long as two (2) business days. We request for patients to call the drug store to inquire about the medication refill. However, if your medication has not been processed by 4:00 pm on the second business day, please call our office. Sometimes the doctor will disapprove medication refills. We will attempt to relay this information to the patient. However, sometimes we are unable to reach the patient. Other times, there may be an error in processing the refill such as a problem with the pharmacy. Again all routine medication calls should be limited to regular office hours.

MEDICAL RECORD RELEASES

Medical record releases require a signed release by the patient or guardian. All releases are subject to a fee and are usually processed within 10 business days. Please refer to the Privacy Policy for further information.

PRIMARY CARE PHYSICIAN RELEASES

It is important to coordinate care with your primary care physician. This is your medical physician. Your treatment at HealthQuest will be helpful to your primary care physician *especially* if one of our doctors prescribes medications to you. Upon your consent we will coordinate your care.

INSURANCE FILING

We file your insurance as a courtesy unless *we* are contracted to do so with your insurance carrier. Responsibility for payment and preauthorization for treatment is the responsibility of the patient or responsible party unless stated otherwise in our contract with your insurance company. You are responsible for providing us with all insurance information at the time of *service*. Failure to do so will result in YOU paying for your visit. Insurance companies usually limit claim filing to 90 days from the date of service. Therefore, if your insurance information is not presented within the allotted time frame, we will hold the patient or guarantor responsible.

PAYMENT AND BILLING

All co-payments or deductibles are due at the time of each visit. If you fail to pay your portion of the bill at the time of the visit, we request the payment be mailed within 7 days from the visit date. Statements are usually mailed every three months. In addition, your insurance company will usually send you, for all claims *they* process, an explanation of benefits indicating your responsible portion or denial of claim. You may receive an explanation of benefits; stating benefits have already been processed. It is customary for our office to refile claims every 45 to 60 days from date of service to insure payment. As stated above insurance companies usually restrict the claim filing period to 60 days. This is not an attempt to receive duplicate payment. The insurance companies have controls whereby they deny any claim that has been previously processed.

Account balances left unpaid, reaching 121 days in maturity, are considered delinquent and are subject to be turned over to a collection agency. Please refer to our financial agreement.

Please feel free to discuss any of these matters with the Practice Manager or your treating provider. By signing below, you acknowledge having read, understood, and agree to these policies and procedures. Your signature acknowledges your informed consent for care. If you would like a copy of these policies and procedures, please ask the front desk.

VERIFICATION OF NOTICE OF PRIVACY POLICY

I, _____ agree that I have been given a copy of
HealthQuest's Notice of Privacy Practices.

Patient Signature or Guarantor

Date

Witness Signature

Date

If signature was not given please provide efforts in attempting to obtain signature.

