Alabama Family Practice, P.C.

370 St. Lukes Drive
Montgomery, AL 36117

PATIENT INFORMATION PROTECTION PLAN

Our practice is dedicated to maintaining the privacy of your health information.

The privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) apply to health information created or maintained by health care providers. The Privacy Rule requires this office to obtain a patient's written consent before using or disclosing the patient's personal health information to carry out treatment, payment, or health care operations (TPO).

Payment refers to the activities undertaken by health care providers to obtain payment or be reimbursed for their service. Common payment activities include, but are not limited to, determining eligibility or coverage, billing and collections, and authorizing referrals to other providers.

Since use and disclosure of protected health information (PHI) is required in order to provide treatment, payment or health care operations (TPO), the patient must sign the consent form before his or her first visit. Two exceptions to this rule are in an emergency or when the provider is required by law to treat the individual. A patient's written consent need only be obtained once and may be revoked by the patient in writing.

If the patient refuses to consent to the use or disclosure of the PHI to carry out TPO, and it is not a medical emergency, this office will not treat the patient.

It is the policy of this practice not to permit the disclosure of PHI for any non-routine reasons without expressed authorization from the patient. Non-routine disclosures are disclosures for other than TPO and include patient mailing lists to third parties and information to an employer for employment decisions. TPO disclosures include disclosures of all pertinent medical information to other health care providers for treatment purposes and to insurers or third party administrators (TPA) when required to process claims. The practice must disclose PHI when required by law.

All employees are counseled on the importance of confidentiality. All employees are required to sign an Acknowledgement of Confidentiality. Employees will discuss PHI only to the extent required to carry out TPO. All information is used on a need to know basis and employees access PHI only when required to perform their assigned duties. For example, test results need to be verified by lab personnel, matched to the appropriate chart by medical records personnel, reviewed by a physician, and given to a nurse in order to provide treatment or inform patients. All these employees have a need to access, but only some have a need to know (review) test results. Further, other physicians or health professionals may review these results when performing quality assurance reviews. Others who may work near or around medical charts but whose job does not require accessing charts will not be allowed to access to PHI and business associates will sign privacy protection agreement. The Chief Operating Officer is responsible for ensuring compliance with, and training on, the Patient Information Protection Plan.

All patients are permitted and encouraged to read this policy and may be provided a copy if they desire.

YOUR RIGHTS REGARDING HEALTH INFORMATION

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.

2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Dr. Kathy Lindsey or Dr. Mark Lindsey at Alabama Family Practice, 370 St Lukes Drive, Montgomery, AL 36117.

4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Alabama Family Practice at 370 St. Lukes Drive, Montgomery, AL 36117. You must provide us with a reason that supports your request for amendment.

5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.

6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer, Dr. Kathy Lindsey. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice of our health information privacy policies, please contact Dr. Kathy Lindsey, the privacy officer.

I hereby acknowledge that I have been presented with a copy of Alabama Family Practice's Notice of Privacy Practices

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Signature of Patient or Legal Guardian **Date**

Alabama Family Practice, P.C.

FINANCIAL POLICY

I AUTHORIZE that payment of medical benefits be made to Alabama Family Practice on any claim submitted for services furnished to me by Alabama Family Practice and Staff.

I AGREE that the fees charged by Alabama Family Practice are lawful debts and I promise to pay said fees including the cost of collection at 33.33%, attorney fees and court costs if such be necessary, waiving now and forever the right to claim exemption under the constitution and laws of the State of Alabama, or any other state.

I UNDERSTAND that any money received from my insurance company or health plan over and above my indebtedness will be refunded to me when my bill is paid in full.

I UNDERSTAND that I am financially responsible to Alabama Family Practice for charges not covered by my policy or health plan.

I UNDERSTAND that Alabama Family Practice's relationship is with me, not my insurance company or health plan.

I UNDERSTAND my insurance policy or health plan is an agreement between my insurance company or health plan and I. I am responsible for knowing the coverage provided. All charges incurred are my responsibility.

I AGREE to bring my insurance card to every visit, pay any required co-payment at each visit, know the coverage and benefits of my policy or plan, and keep Alabama Family Practice informed of any changes.

I UNDERSTAND that there will be a $20.00 service fee charged for every visit where a co-payment is due and not paid, and

I UNDERSTAND that Alabama Family Practice reserves the right to charge a $20.00 fee for appointments not kept and not canceled 24 hours in advance. Cancellations will not be accepted if left on an answering machine or with the answering service.

I UNDERSTAND that there will be a $30.00 return check fee charged for every check returned from the practice's bank for insufficient funds.

I UNDERSTAND that accounts more than 90 days past due may be turned over to a collection agency by Alabama Family Practice with or without notice to me and additional fees will be incurred.

I AGREE in order for Alabama Family Practice and/or their agents to service my account or to collect monies I may owe, they may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in a charge(s) for which I am responsible. Alabama Family Practice and/or their agents may contact me by sending text messages or e-mails, using any email address I have provided. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

I have read, understand, and agree to the provisions of the Financial Policy.

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Signature of Patient or Legal Guardian **Date**

Alabama Family Practice, P.C.

CONSENT FOR TREATMENT AND RELEASE OF INFORMATION

I authorize Alabama Family Practice (AFP) staff to perform medical treatment.

I consent to AFP use and disclosure of all individually identifiable personal health, financial and demographic information (known as Protected Health Information or PHI) for the purposes of:

Providing medical treatment

Obtaining payment and reimbursement

Requesting healthcare services from other providers

Cooperating with other providers in my medical treatment

Fulfilling requests for information when specifically authorized by me

And doing all other things directly related to providing healthcare to me.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following circumstances may require use or disclosure of your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of the law enforcement official.
8. For worker’s compensation and similar programs.

The above purposes and all other uses are known collectively as Treatment, Payment, and Other Healthcare Operations or TPO.

I have been given the opportunity to review and agree with the terms and conditions of AFP's Patient Information Protection Plan.

I understand my rights to restrict the use and disclosure of PHI and to revoke the consent at any time.

I authorize the doctors and staff of AFP to release my medical information to the contacts listed earlier in the interview. This means they may receive written or verbal communication regarding my condition.

I understand that should I choose not to consent to the terms and conditions of the AFP Patient Information Protection Plan the practice has the right to and will withhold treatment except where required by law.

I authorize any physician or healthcare facility to provide upon request, any PHI to Alabama Family Practice when needed for the purposes of TPO.

The Health Insurance Portability and Accountability Act of 1996 prohibits the use and disclosure of protected health information for treatment, payment and other health care operations without a signed consent and prohibits the use and disclosure of protective health information for non-healthcare related activities without specific and explicit authorization.

Signature of Patient or Legal Guardian **Date**