

## WESTLAKE ORTHOPAEDICS SPINE AND SPORTS

### POLICIES AND FEES FOR MEDICAL RECORDS, X-RAY DUPLICATION, FMLA FORMS, DISABILITY FORMS AND CO-PAYS

#### **Request for Medical Records**

We require a 48-hour notice for request for copies of medical records. There is a \$25 charge for copies of your medical records. **This fee must be paid by cash, check or credit card.** We accept Visa, Mastercard, and Discover. This charge must be paid prior to medical records being copied and released. There are additional fees associated with requests from attorneys, insurance companies and other entities. Due to HIPPA, we must have a signed medical release form prior to releasing record. We are required by law to keep your original file for 7 years.

If we are referring you to see another physician for continuation of care, fee will be waived.

#### **Request for X-ray Duplication**

We require a 48-hour notice for duplication of x-ray films. **X-rays must be paid by cash, credit card or check.** A release of information must be signed prior to obtaining films. We are required by law to keep all originals.

**\$8-CD w/ all pictures**

**\$8- per film (X-ray)**

**\$0-paper copies of your x-rays**

#### **Family Medical Leave Forms or Disability Forms**

We are happy to complete paperwork as a secondary modality. Please allow 5-7 working days for completion of any forms for disability, insurance or Family Medical Leave Act. A \$10 fee per page is required for every page that we must fill out. This must be paid prior to the completion of the forms. **Payment must be made by cash or check only.**

#### **Co-pays**

According to the contract we have with your insurance company, if co-pay is required, you are responsible for paying this at the time services are rendered. It is your responsibility to make certain that you have taken care of this prior to being seen. If you do not pay your co-pay at the time of service, you will be charged a \$10 statement fee.

If you have a deductible on your policy, a statement will be mailed out to you, once claim is processed.

The above policies for records, x-ray duplication and disability forms completion fees are set in accordance to Texas Medical Board regulations.

## **WESTLAKE ORTHOPAEDICS SPINE AND SPORTS Office Policy on Standard Insurance & Managed Care Insurers**

In order to accommodate the need of our patients, we have enrolled in various managed care insurance programs. While we are pleased to be able to provide this service to you, it is extremely difficult to keep track of all the individual requirements. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated. Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within your insurance

contract guidelines if you let us know EACH time of service exactly what those guidelines are. We highly recommend you **READ YOUR INSURANCE BOOKLET** or contact your insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, pre-existing conditions, etc. **You are responsible for the payment of your account.**

**HMO/PPO** (PCA, United Healthcare, BC/BS, PHCS, Cigna, Aetna, etc) if the doctor is a provider for your plan, we will file the claim for you. **You are responsible for any co-payments &/or deductible at the time of your visit.** If your plan requires prior authorization to see a specialist, the patient is **always** responsible for getting the office referrals before the day of your appointment. You will be billed personally, not your insurance company, for any non-authorized office visits.

### **MEDICARE**

Medicare pays 80% of the allowed charge, after your annual deductibles is met. The patient is responsible of the other 20%. We will file your secondary insurance if you provide the information at the time of your visit.

### **UNINSURED/SELF PAY**

Payment is expected at the time of service. If you are unable to pay in full please contact our office prior to your visit to make payment arrangements.

### **AUTOACCIDENT/LOP**

We must have all Personal Injury Protection (PIP) insurance information prior to your initial visit. We will not accept policies that belong to any third-party participants. The patient must also sign an assignment of proceeds which will be mailed to your claims adjuster, and/or your attorney if applicable. Our office policy is that we will not bill private health insurance for auto accidents. We do not accept letter of protections.

### **WORKERS COMPENSATION**

We will obtain authorization for your office visit on your workers compensation claim. This is not a guarantee of payment on your office visit. You are responsible of notifying Westlake Orthopaedics of any disputes, or compensability issues, if they should arise. If for some reason, they do not pay on your claim, you will be held responsible for payment.

### **THIRD PARTY BILLING**

We do not participate in third party billing.

### **GLOBAL PERIODS**

When you are charged a “global” fee for surgery or office care of a fracture, laceration repair, excision of an ingrown toenail, etc., that fee not only includes the service on the day it is performed, but includes routine follow-up care as well. The global period ranges from 10-90 days depending on the procedure and your health plan. X-rays and supplies (such as casting or dressing materials, splints, braces, etc.) are not included in the “global” fee and a charge will be made for these items. Services related to complications are not included in the global fee.

## **WESTLAKE ORTHOPAEDICS SPINE & SPORTS**

### **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 practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact the Privacy Officer, Sherry Martin ext 203.**

### **Treatment, Payment, Health Care Operations**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

#### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. We may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law. We may ask another physician to

review this practice's charts and medical records to evaluate our performance so that we may ensure that only the best health care is provided by this practice.

### **Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority.

We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law.

Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

### **Legal Proceedings and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement; Is released because of a crime that has occurred on these premises; or

- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Worker's Compensation**

We may disclose your medical information as required by the Texas Worker's Compensation Law.

### **Inmates**

We may release your medical information to the correctional institution or the law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

### **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests necessary by appropriate military command officer (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

### **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by and Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

### **Required by Law**

We may release your medical information where the disclosure is required by law.

### **Your Rights under Federal Privacy Regulations**

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPPA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPPA rights.

### **Requested Restrictions**

We may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment or healthcare operations. We do NOT have to agree to

this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both, and (c) to whom the limits apply. Please send the request to the address and person listed below.

You may also request that we limit disclosure to the family members, other relatives, or close personal friends that may or may not be involved in your care.

### **Receiving Confidential Communications by Alternative Means**

You may request that we send communication of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

### **Inspection and Copies of Protected Health Information**

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed below.

We can refuse to provide some the information you ask to inspect or ask to be copied if the information:

- \*Includes psychotherapy notes
- \*Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.
- \*Is subject to the Clinical Laboratory Improvements Amendments of 1988.
- \*Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care providers who was not involved in the prior decision to deny access will many any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or we believe access should be limited. If we deny access, we will inform you in writing.

HIPPA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that

under some circumstances may be lower than the charges permitted by HIPAA. In any event, the lower of the fee permitted by HIPAA or the fee permitted by the TSBME will be charged.

### **Amendment of Medical Information**

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information.

\*Wasn't created by this practice or the physicians here in the practice. \*Is not part of the Designated Record Set?

\*Is not available for inspection because of an appropriate denial.

\*If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we now have the correct information.

### **Accounting for Certain Disclosures**

The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person listed below. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

### **Appointment Reminders, Treatment Alternatives and Other Health-related Benefits**

We may contact you by telephone, mail, e-mail, letters or leave voice messages to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

### **Cancellations of Appointments/No-Show Policy**

When you do not show up for a scheduled appointment, it creates an unused appointment slot that could have been used for another patient. It is very important that you call within 24 hours in advance to cancel your appointment.

A \$25 No-Show fee will be charged for a missed scheduled appointment that is not cancelled in advance.

### **Complaints**

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United

States Department of Health and Human Services is.

U. S. Department of Health and Human Services HIPPA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

### **Our Promise to You**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### **Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

**Geneva Grant, Practice Administrator**  
**5656 Bee Caves Suite K-200**  
**Austin, Texas 78746**  
**Phone: (512)329-6644**  
**Fax: (512)891-8220**

This notice is effective on the following date: April 14, 2003.

We may change our policies and this notice may change at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.