

## Types of Office Visits

When you schedule an appointment with our office to see one of our doctors or physician assistants, it may be for any number of reasons. You may be experiencing an acute illness, require a periodic recheck of a chronic condition before medications can be refilled, or simply because you wish to have a periodic checkup or routine physical. Because every patient's insurance coverage varies, it is important that you understand the difference between a "physical" and a "sick visit," accurately informing the physician of the reason for your visit at the outset of the encounter. That reason will be documented in the physician's encounter note that goes in your chart.

### Sick Visit

If you are being seen for treatment of symptoms that relate to an illness or other medical condition, whether acute or chronic, we consider that to be a Sick Visit. Hypertension, sore throat, difficulty breathing, diabetes, etc. are all reasons that patients are seen for a sick visit.

If you are experiencing any sort of symptoms, your physician will most likely categorize your visit as a sick visit, and the examination they perform will be limited to the body systems involved with that illness. In virtually 100% of all cases, insurance plans provide coverage for sick visits to the doctor, and you will be responsible for your co-payment, deductible, or coinsurance according to your particular plan. If you do not have insurance coverage or choose to file on your own, our cashiers can give you the information you will need to file a claim.

### Physical or Wellness Examination

For patients who are otherwise healthy and who wish to have a general physical exam, our doctors are more than happy to provide that service. Generally, a physical or wellness examination will focus on all parts of the body, whether any symptoms exist there or not, and may involve some general laboratory tests to screen for potential problems.

Some employer-paid insurance plans provide coverage for periodic general physical exams, but many do not. If the plan does not cover the physical, the patient will be responsible for the charges associated with that service. For patients covered by Medicare, understand that Medicare does not cover physical exams where no illness is present.

The physicians of Woodlands Diagnostic Clinic believe that patients should receive general wellness exams on a periodic basis, depending on their age and overall health status.

### Both Physical and Sick Visits

On occasion, a patient may come in for a sick visit and may ask for or agree to a general physical or wellness exam. In those cases, the physician will provide both services, reviewing the patient's specific health problems, but also performing an overall wellness check. When this occurs, the doctor will mark both a sick visit and a physical on the charge ticket. Both services will be filed with the patient's insurance, and we will coordinate the balance due between the two charges, since the doctor already did a portion of the physical when evaluating the patient for their illness, and vice versa.

If the physician orders any laboratory tests, it is important for the patient to understand that any screening tests, done for wellness purposes, will likely fall under whatever physical benefits for which he

or she has (or does not have) coverage. If the patient does not have wellness coverage, the patient will be responsible for any lab tests ordered for screening, or wellness, purposes.

We understand that this is confusing, but we are required by Medicare and by our various insurance contracts to accurately report the services that we render, so that they only pay for what they are financially obligated to do so. Our documentation supports the services that we render to our patients, so we will not be able to go back later and amend that documentation to help a patient get better reimbursement from their insurance company.

Remember that your insurance coverage is your responsibility. There are literally thousands of types of coverage available, and we are unable to keep track of all of them. It is important that you be familiar with your benefits and coverage, whether provided by your employer, by Medicare or by your own private plan. Our business office will assist you in any way they can by answering your questions or working out payment arrangements if you have a balance due on your account.

### Financial Policy

The physicians of Woodlands Diagnostic Clinic are committed to providing quality care at a reasonable cost to our patients. Your clear understanding of our financial policy is important to our professional relationship. To assist us in our efforts to collect the appropriate amounts due to the clinic, we ask that you:

- Always supply us with current and complete insurance information. We will ask you for a copy of your insurance card at each visit and ask that you update any changes in your demographic information.
- Pay in full for all co-payments, deductibles, and non-covered services at checkout.
- Provide WDC and your insurance company with any additional information requested to complete processing of claims filed on your behalf.
- Authorize release of information as necessary, by signing a patient registration form at each visit.

### Insurance

We have contractual agreements with many managed care plans. Each time that you make an appointment with one of our physicians, it is your responsibility to make sure that your provider is contracted with your plan. We may require verification of coverage and benefits before you are seen. If you have questions about provider participation with your insurance plan, please contact scheduling or our business office at (281) 863-9554.

If you are covered by an insurance that your physician is not contracted with, or you have no insurance coverage, you will be treated as self-pay, and will be responsible for payment in full at time of service. If you request it, we will provide you with an itemized statement that you can use to file with your insurance carrier.

If you have a high deductible or consumer driven health plan, and we are able to determine at the time of your visit how much you will owe after contractual adjustments, we will ask you to pay that amount in full. If we are unable to determine at the time of your visit how much you will owe, we will ask you to complete and sign a credit card authorization form.

## Collections

We make every effort to work with those of our patients that for whatever reason may be having a hard time satisfying balances due to the clinic. Patients who do not make reasonable progress toward retiring outstanding debts may, at the sole discretion of the provider, be terminated from our practice. The practice may turn accounts over to a collection agency, and report debts to credit reporting agencies. Patients terminated from the practice will be given a thirty-day notice during which time their emergency medical care needs will be provided. These services may be provided on a cash only basis.

## No-Show Policy

### Cancellation of an Appointment

To be respectful of the medical needs of our community, please be courteous and call promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. This is how we can best serve the needs of our community. If it is necessary to cancel your scheduled appointment, we require that you call 24 business hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

### How to Cancel Your Appointment

To cancel appointments, please call (281) 863-9554 and select option 2 for the scheduling department.

### Late Cancellations

Late cancellations will be considered a 'no show.' The No Show Policy applies equally to cancellations made in less than 24 business hours in advance of your scheduled appointment.

### No Show Policy

A 'no show' is someone who misses an appointment without canceling it 24 business hours in advance of your scheduled appointment (Example: your appointment is at 3 pm on Tuesday, you need to call no later than by 3 pm on Monday). No-shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your chart as a 'no show.' The first time there is a 'no show,' you will be sent a letter alerting you that you have failed to show up for an appointment. In addition, a fee of \$50.00 will be billed to your account and sent to your home. The second time there is a 'no show,' you will be sent a letter alerting you that you have failed to show up for an appointment. An additional a fee of \$75.00 will be billed to your account and sent to your home. The fee covers administrative tasks associated with your appointment. Payment in full of this fee is required before scheduling any further appointments. A third 'no show' in a 12-month period will result in discharge from the practice.

## Privacy Policy

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 listed below.

## Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of a specialist. When we refer you to a specialist, we will share some or all of your medical information with that physician to facilitate the delivery of care. As another example, one or more of the physicians in this practice is a specialist. 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 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 provide 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.

For example, 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. As another example, 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 deaths), 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 elderly 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 during 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.

### Workers' Compensation

We may disclose your medical information as required by the Texas workers' compensation law.

### Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or 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 as necessary by appropriate military command officers (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 an 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 a 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 (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

### Requested Restrictions

You 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 our Privacy Security Officer.

You may also request that we limit disclosure to 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 communications of protected health information by alternative means or to an alternative location. This request must be made in writing to our Privacy Security Officer. 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 our Privacy Security Officer.

We can refuse to provide some of 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, if we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make 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 if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA 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 this 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 know have the incorrect information.

### Accounting of 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, text message, mail, e-mail or any or all ways to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

### Complaints

If you are concerned that your privacy rights have been violated, you may contact our Clinic Administrator. 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  
HIPAA 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:

Clinic Administrator  
Jeffrey Renton  
9201 Pinecroft Drive, Suite 200  
Shenandoah, TX 77380

We may change our policies and this notice 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.