



## **Notice of HIPAA Privacy Practices**

To All Patients:

This document contains important information about our business policies, as well as information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations.

We are required to obtain your signature acknowledging that we have provided you with this information. It is very important that you read these documents carefully before you sign the document; we can discuss any questions you have about our procedures at that time. When you sign this document it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation cannot be retroactive and cannot prevent us from meeting obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy, or from taking steps to collect if you have not satisfied any financial obligations you have incurred with us. You may also request a copy of these policies for your own record.

Thank you,

A handwritten signature in black ink, appearing to read "Dr. Malcolm Conway", written in a cursive style.

Dr. Malcolm Conway

### **Office Policies**

#### **APPOINTMENTS AND CANCELLATION POLICY**

We do not charge a fee for a missed or canceled appointment; however, please respect our schedule and call the office to inform us if you cannot keep your scheduled appointment so that we can reschedule you for a more convenient time.

We strive to not make our patients wait in our office, so please arrive in a timely manner for your scheduled appointment; this way we can ensure you and the rest of our patients receive the highest standard of care.

#### **BILLING AND PAYMENTS**

All payments are due at the time of service, this includes any co-pay, co-insurance, or deductible amounts assigned to you by your insurance policy.

We accept all major credit cards, debit cards, cash, and personal/business checks; please note that there is a \$25.00 additional fee attached to all returned checks.

If your account has not been paid for more than 90 days, and arrangements for payment have not been agreed upon, we may hire a collection agency or may go through small claims court which will require us to disclose otherwise confidential information.

If such legal action is necessary, its costs will be included in the claim against the account responsible. Additional measures may be necessary if your unpaid balance becomes excessive.

### **INSURANCE REIMBURSEMENT**

It is necessary for our office to have a copy of your insurance card(s) in your file. It is your responsibility to notify our office of any changes in your insurance coverage. As a courtesy, we will verify your insurance coverage; however, insurance companies do make errors in reporting the coverage and benefits. They also have a disclaimer and state “this is not a guarantee of benefits until we actually receive a claim and process the claim”. It must be understood that your insurance benefits are a result of a contract between you (the patient) and your insurance company. As such, we cannot guarantee the accuracy of benefits reported to us, or payment of any of these claims submitted to your carrier. You are responsible for any assigned to you by your policy, or any balance that is not paid by your insurance company. If you fail to respond to any insurance company’s requests, you will be responsible for the full amount.

### **MEDICARE PATIENTS ONLY**

We are a participating provider with Medicare, and as such we must follow their billing guidelines. You will be provided with an additional document outlining the policies and limitations of Medicare as it pertains to your specific needs.

[Please see *Advance Beneficiary Notice of NonCoverage (ABN)* form]

## **Privacy Policies**

### **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information (PHI).

These rights include: requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, and all other privacy policies and procedures.

### **CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you in a specific way. This preference is set at the time of your New Patient Registration, but can be amended at any time.

You may request that we only communicate your health information privately with or without other family members present; we will make all reasonable effort to honor your request.

### **APPOINTMENT REMINDERS**

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, e-mails, postcards or letters).

## **ACCESS TO RECORDS**

The laws and standards of our profession require that we keep Protected Health Information (PHI) about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record if you request it in writing. You have the right to request from us a description of how and where your health information was used by our office for any reason other than for treatment or payment, or health care operations. Our documentation procedures will enable us to provide information on your health information usage from January 1, 2013 and forward. Please make all requests in writing. In most circumstances, the State of Pennsylvania permits a copying fee and certain other expenses.

## **DISCLOSURES TO FAMILY AND PERSONAL REPRESENTATIVES**

When appropriately authorized, we may disclose your health information to a family member, friend, or designated representative to the extent necessary to help with your health care or with payment for your health care. In the event of an emergency or your incapacity, we may disclose any protected health information based on professional judgment in proportion with the current necessity.

## **MINORS & PARENTS**

It is important for patients under 18 years of age and their parents, unless emancipated, to be aware that the law may allow parents to examine and request their child's treatment records.

Parents are required to sign a release form granting authorization for their child to begin medical treatment.

## **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a physician. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA and/or PA state law.

However, in the following situations, no authorization is required:

- We may occasionally find it helpful to consult other health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. These other health professionals are also legally bound to keep the information confidential. Unless you object, we will only tell you about these consultations if we feel that it is important to our work together. All consultations will be noted in your clinical record.
- In most cases, administrative staff may need to be notified of protected health information for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All employees are bound by the same rules of confidentiality, and have agreed to protecting your privacy by not releasing any information outside of the practice without the explicit permission of a physician.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If you are involved in a court proceeding and a request is made for information concerning your health record, including history, diagnosis, treatment, and such information is protected by the doctor-patient privilege law. We cannot provide any information without your written authorization or a court order. We suggest consulting with your attorney for further direction on any litigation proceedings.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it to them.

- As permitted or required by State or Federal law, we may disclose your health information to proper authorities for the purpose of law enforcement including, under certain circumstances, if you are a victim of a crime or in order to report a suspected crime.
- If a patient files a complaint or lawsuit against us, state law permits us to disclose relevant information regarding that patient in order to defend ourselves.
- If we have sufficient reason to suspect that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to self-neglect or exploitation, the law requires that we file a report with the appropriate government agency; usually the local office of the Department of Social Services.

### **REQUEST A COPY OF THIS NOTICE**

You have the right to request and obtain a copy of the Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information, and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our notice at any time. If you have received this notice in electronic form you have the right to be presented with this notice in paper form upon request.

We support your right to the privacy of your health information; however, you have the right to express concerns or complaints to us or the U.S. Department of Health and Human Services if you believe your privacy rights have been compromised. If you feel the need to file a complaint we will provide you with the address to file such a complaint upon request. Be aware that this complaint is free from any retaliatory actions from this office.

### **CONTACTING US**

The office staff always strives to answer all phone calls during all normal business hours as listed on our website. If we are unable to answer the phone please feel free to leave a confidential voicemail so that we can promptly return your call. On weekends or holidays you are able to leave a message with our answering service.

You can also reach the office staff via e-mail: [info@conwayclinic.com](mailto:info@conwayclinic.com) and Dr. Conway directly via: [drc@conwayclinic.com](mailto:drc@conwayclinic.com)

Should you choose to communicate with Conway Chiropractic, P.C. via e-mail, please be aware that e-mail is not a secure form of communication and while we strive to ensure confidentiality we cannot assure this against any virtual dangers that may be associated with this exchange. Be aware that by engaging in this form of communication you are acknowledging and accepting any consequences that may be associated with this interaction.

Please direct any of your questions or complaints to:

Conway Chiropractic, P.C.  
Attn: Mary Conway, Security Officer  
540 Pierce Street  
Kingston, PA 18704

01/01/2013