

POLICY AGREEMENT

Patient Name: _____ Patient DOB: _____

Parent /Guardian Name: _____

Thank you for choosing Liberty Doctors (LD) DBA Tiffany Pediatrics to meet your medical needs. We are dedicated to providing the best treatment available. Carefully read and please sign and date the bottom.

Patient Consent for Treatment

I voluntarily consent to all health care treatment and diagnostic procedures provided by LD and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other healthcare professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of treatments or examinations at LD.

Assignment of Benefits & Release of Information

I authorize treatment of myself or the minor described above. I hereby authorize LD to release my medical information to facilitate payment and coordination of care for rendered services. I authorize payment from my insurance company be assigned to LD. I understand that I am ultimately responsible for the balance of my account. I authorize the release of all medical information necessary for LD to meet State and Federal reporting requirements. If receiving medical services for employment, I authorize the release of the results of my exam to my employer. I authorize LD to obtain all of my medication/prescription history when using an electronic system to prescribe medications. I acknowledge that I retain the right to review LD Notice of Privacy Practices in the office upon request.

FINANCIAL POLICY

Missed Appointments: A Missed Appointment fee of \$25.00 may be charged if you do not show up for a scheduled appointment or cancel with less than 24-hour notice. This fee must be paid before a new appointment is scheduled. ***You may be discharged from Liberty Doctors if you have more than 3 Missed Appointments.***

Account Balances: Patient account balances are due within 30 days of the receipt of the billing statement. Balances must be paid prior to services being rendered. If you are unable to pay your balance in full, we will reschedule your appointment until payment arrangements have been established. If you have fail to make appropriate payment arrangements after 2 billing statements, your account may be turned over to an outside collection agency. If you have established a payment plan and fail to meet agreed upon terms, your account may be turned over to a collection agency. Accounts assigned to Collections may be charged a \$50 fee. Accounts turned over to an outside collection agency may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.

Returned Checks: There is a \$35.00 fee for returned checks. This fee plus your balance is due when you are notified of the returned check.

Insurance: LD participates with many, but not all, insurance plans. It is your responsibility to contact your insurance company to verify that we participate with your plan and the physician you will be seeing is in network with them. A Valid Driver's License and Insurance Cards must be presented at each visit. If you do not have your up-to-date insurance card, we will be happy to reschedule your appointment or classify your appointment as self-pay.

Self-Pay: Self pay patients and patients who have not met their deductible are required to pay for services in full prior to leaving. It is your responsibility to inform us in a timely manner of any changes to your billing and insurance information. If an insurance company denies payment for incomplete or wrong information, it is your responsibility to make payment in full. Please be aware there is a time limit on how long we have to file insurance claims. If we miss the deadline because you did not provide us with the correct information, you will be responsible for payment in full. We request your assistance in following up with your insurance company to resolve any non-payment issues. It is your responsibility to pay the bill. Please be aware that some and perhaps all of the services you receive may be non-covered by Medicare or other Insurers. You are responsible for any and all portions of the bill not covered by your insurance plan. You must pay for these services in full at the time of visit. Co-pays must be paid Prior to services being rendered. Your Insurance Company may deny the claim if co-pays are not collected and you may be responsible for the entire charge. To prevent this, if you are unable to pay your co-pay, we will have to reschedule your appointment. Deductibles and co-insurance fees must be paid at check-out. Patients who are unable to pay for the services as required by their insurance will be required to speak with an account representative to set up a payment plan.

Co-pays must be paid Prior to services being rendered. Your Insurance Company may deny the claim if co-pays are not collected, and you may be responsible for the entire charge. To prevent this, if you are unable to pay your co-pay, we will have to reschedule your appointment

Deductibles and co-insurance fees must be paid at check-out. Patients who are unable to pay for the services as required by their insurance will be required to speak with an account representative to set up a payment plan.

Surescripts Consent: These services include Benefit Optimization, Medication History, Electronic Prescribing, Prior Authorization, Clinical History, Clinical Direct Messaging and Insights & Alerts.

- **Benefit Optimization:** Surescripts Benefit Optimization solutions allow healthcare providers to gain ready access to formulary and benefit information so they may make more informed clinical and prescription decisions.
 - **Medication History:** Surescripts Medication History solutions equip healthcare providers who care for patients with access to a patient's medication history across providers, as part of the medication reconciliation process at the point of care.
 - **Electronic Prescribing:** Surescripts E-Prescribing solutions allow healthcare providers to exchange prescription information electronically, for both new prescriptions and refills.
- Clinical History: Surescripts Clinical History solutions allow healthcare providers to see where a patient may have previously received care and to retrieve certain clinical records from those locations for treatment-related purposes.

IMMUNIZATION POLICY

Tiffany Pediatrics recommends and follows the immunization guidelines set by the American Academy of Pediatrics (AAP) and the Center for Disease and Control (CDC). Vaccines are both safe and effective in preventing diseases. Due to the potential exposure unvaccinated children bring to our patients and practice, we require all patients become fully vaccinated prior to the 2nd birthday. Children 2 years and older will be required to follow the CDC's recommended catch-up schedule for daycare and/or school entry. Non-compliance with our vaccine schedule will result in dismissal from our practice.

I, _____ hereby acknowledge that I have received and agree to the Policy Agreement for Liberty Doctors DBA Tiffany Pediatrics.

Signature of Patient or Responsible Party: _____

Date: _____

Liberty Doctors, LLC 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 read carefully.

It is the intent of this Notice of Privacy Practices ("Notice") to inform individuals and patients of their privacy rights regarding uses and disclosures of their Protected Health Information ("PHI") as required or permitted under applicable law, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health Act ("HITECH") part of the American Recovery and Reinvestment Act ("ARRA") of 2009, and the Genetic Information Nondiscrimination Act ("GINA") of 2008. This Notice describes how protected health information may be used for treatment, payment, or other operations involved in obtaining treatment from and providing payment to the Physician Practice ("Practice") for services rendered by its physicians. Protected health information is information about a patient that may be used to identify them, such as name, address, or social security number.

Statements of Use and Disclosure:

Treatment: The Practice will use PHI for the provision, coordination, and/or management of health care and related services. Those services could include, but are not limited to, the treatment of chronic and acute illnesses and the facilitation and coordination of specialized services.

- **Example:** Your physician will routinely use information about you for the treatment of an illness. That information may be used to prescribe medications through a pharmacy or forwarded to another physician for additional consultations or treatment necessary for your health. Your PHI may be used in ordering laboratory or other diagnostic tests.

Payment: The Practice will use PHI where appropriate to facilitate payment for treatment or health care related services rendered by the Practice.

- **Example:** When a Practice physician renders a service to you that is paid by a health plan, a claim for that service must be created. The claim will contain information about you to include the type of treatment provided by your physician with a diagnosis justifying the treatment. Depending on a diagnosis or treatment, the Practice may request additional information about you before a payment for service is issued. If a specific test, procedure, or hospital stay is recommended for your treatment, the Practice plan may request additional information about you. Any disclosures for payment process through a financial institution or consumer credit agency relating to the collection of past due balances will not include information about any diagnosis or condition you may have or any treatments you may have received.

Operations: The Practice will use PHI as needed to maintain its operations.

- **Example:** PHI may be used in the Practice for management purposes, quality control programs, and compliance training and/or auditing. PHI will be disclosed as required by law in order to avoid a serious or imminent threat to someone's health or safety. Operations within the Practice that utilize PHI may be found on patient sign-in sheets, or when the nurse calls a patient's name from the waiting area.

Other disclosures allowed by law:

- The Practice may utilize PHI in various activities that involve a third party or "Business Associate." Under all circumstances a contract will be used with a third party or "Business Associate" requiring the same legal standards as those imposed on the Practice for protecting and securing a patient's private PHI. **Example:** *The Practice may from time to time use a billing service or care coordination service which may involve the disclosure of PHI.*
- We may use your PHI for treatment, payment, or health care operations in an emergency situation despite any inability from you to object or accept if the physician or the Practice believes there is an imminent threat to your health.
- The Practice may use your PHI to notify or inform a member of your family, a close friend, or someone of your choosing about any information concerning your health or condition. If you are unable to agree to or object to a disclosure necessary for your care, your physician will use his/her best judgment in determining the best person to disclose this information.
- We may disclose your PHI if your physician has reason to suspect you have been a victim of abuse, neglect, or domestic violence.
- Subject to certain requirements, we may also disclose PHI without your authorization for public health purposes, auditing purposes, research studies, funeral arrangements and organ donation, and workers' compensation purposes.
- Additionally, we may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other disclosures required or permitted by law:

- The Practice may disclose PHI to such federal agencies as the FDA, law enforcement officials, for law enforcement purposes, or as ordered by a court of law, without your written consent or authorization. **Example:** *PHI may be disclosed if such information is considered relevant to a criminal investigation, or PHI may be given to the Centers for Disease Control for the sake of the public health to limit the spread of a communicable disease. These types of disclosures will only be made as permitted or required by law.*

Other Laws:

- To the extent that state laws are more stringent than HIPAA regarding the use or disclosure of your PHI, that law is followed. Examples of specific disclosure rules in South Carolina include:
- Physicians, hospitals, and other health facilities must provide the health department, upon request, access to their medical records, tumor registries, and other special disease record systems as necessary for its investigations. S.C. Code Ann. § 44-1-110.
- In responding to a request for medical information from an insurer, a physician may rely on the carrier's representation that the patient has authorized release of the information. S.C. Code Ann. § 44-115-50.
- A physician may sell medical records to another physician or osteopath but must first publish notice of his intention and of the patient's right to retrieve his or her records before a sale. S.C. Code Ann. § 44-115-130.
- Specific disclosure rules apply to genetic information, S.C. Code Ann. § 38-93-30; sexually transmitted diseases, S.C. Code Ann. §§ 44-29-70, 44-29-135 and 44-29-136; mental health, S.C. Code Ann. § 44-22-90; and cancer reports, S.C. Code Ann. § 44-35-40.

Patient Authorization:

- The Practice will not disclose a patient's PHI, other than disclosures previously mentioned, without a signed authorization.
- A signed authorization permits all disclosures separate from release of information made for treatment, payment, or health care operations. A patient may revoke the authorization in writing at any time. The moment the authorization is revoked all future disclosures will stop; however, any disclosures already made in reliance of the signed authorization may not be undone.

Statement of Individual Rights:

- A patient may request restrictions on specific uses or disclosures of PHI. However, the Practice is not required to agree to a requested restriction.
- A patient has the right to request confidential communications of PHI such as sending mail to an address other than to your home. The Practice will attempt to honor all reasonable requests.
- A patient has the right to inspect and receive copies of their PHI. If you request copies, we will charge you \$15.00 for the first 20 pages and an additional \$0.25 for each page after 20 pages.
- A patient has a right to request the amendment of their PHI if it is believed that information in the record is incorrect or missing. However, the Practice has the right to refuse that request under certain circumstances.
- A patient has the right to request an accounting of disclosures of their PHI other than disclosures made for treatment, payment, and health care operations.
- Regardless of whether the Notice was originally sent as a paper copy or an electronic copy, a patient has the right to obtain a paper copy of this Notice from the Practice at any time upon request.

Our Legal Duty:

We are required by law to protect the privacy of your information, provide notice about our information practices, and follow the information practices that are described in this Notice. The Practice reserves the right to change or revise its privacy practices at anytime. Notification of those changes will be provided in a new Notice and provided to all patients, with copies available to any person upon request.

If you have questions at any time regarding permitted uses or disclosures of your PHI, or if you have questions regarding the Notice of Privacy Practices, please contact Lissa Lara, the Practice's compliance officer, at (843) 225-8304.

Complaints:

If you feel that we have violated your privacy rights or if you disagree with a decision we made about access to your records, you may issue a complaint to the Practice's compliance officer Lissa Lara, without fear of retribution from physicians or staff of the Practice. As the patient or person who believes the Practice is not complying with a requirement of the Privacy Rule within HIPAA, you may also file a written complaint, either on paper or electronically, with the U.S. Department of Health and Human Services.