Office Policy, Insurance Policy, and HIPAA Policy

Thank you for selecting our office for your podiatry care needs. We would like to provide you with some basic information about how our office manages appointments, insurance and payment of fees. Please let us know if you require additional information about these topics.

APPOINTMENTS

Our patients are seen by appointment only. When an appointment is made, a treatment room is reserved specifically for that appointment. We confirm all appointments and ask that you be present at our scheduled time. If you must cancel your appointment, we ask that you do so at least 24 hours ahead of time so that your appointment time can be made available to another patient. Advanced Foot Specialists, reserves the right to charge $25 and/or being discharged as a patient for a continuance of No shows or missed appointments.

PAYMENT OF FEES

Payment for professional services is due at the time services are rendered, unless you have made prior written arrangements. Payment may be made in the form of cash, check, or credit card. Regardless of your insurance status, you are responsible for payment of all treatment fees (covered and non-covered) and any costs, legal or otherwise, which are incurred in the collection of your account balance, should it become delinquent.

INSURANCE

Your insurance coverage is a contract between you and your insurance carrier. We bill your insurance carrier as a courtesy to you. Your deductible, co-pay and any portion of your treatment not covered by your insurance, is due and payable at the time treatment is rendered. After our office has received final payment from insurance for your treatment, you will be billed for any unpaid balance remaining on your account. Please contact your insurance for more information concerning your coverage and benefits.

AUTHORIZATIONS (if applicable)

I certified that I am covered by medical insurance, and I assign directly to the physician all insurance benefits. I understand that I am responsible for payment of services rendered and also responsible for paying any costs that my insurance does not cover as noted above. I hereby authorize **Advanced Foot Specialists** to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I realize I am receiving a hard copy of this authorization for my approval, though a paper copy will be provided for me if I request. By signing the new patient paperwork, I am acknowledging my receipt of this notice.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFROMATION IS IMPORTANT TO US AND OUR LEGAL DUTY.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we create or receive before we make the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information noted at the top of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclosed health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclosed your health information to a physician or other healthcare provider providing treatment to you

Payment: We may use and disclose your health information to obtain payment for services we provided to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written consent.

Legally Required: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

By signing and initialing the New Patient Registration Form, I am acknowledging my receipt of these Notices.