



## HIPAA NOTICE OF PRIVACY PRACTICES

***As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)***

**This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. PLEASE REVIEW IT CAREFULLY.**

*This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.*

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we will disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

**We may use or disclose your protected health information in the following situations without your authorizations:** as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.**

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

**Your Rights:** Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information:** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request restriction of your protected health information:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment of healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want to restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

**You may have the right to have our organization amend your protected health information.**

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**Complaints:** You may complain to us or to the Security of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

**We are required by law** to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with our office manager in person or by phone at **(469) 769 - 1961.**

**Associated companies with whom we may do business,** such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

**We welcome your comments:** Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

## General Consent for Care and Treatment

*TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).*

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing, and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office. This consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks, and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommended by your healthcare provider, we encourage you to ask questions.

You are voluntarily requesting that a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought you to seek care at this practice. You understand that if additional testing, invasive or interventional procedures are recommended, you will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

You certify that you have read and fully understand the above statements and consent fully and voluntarily to its contents.

You authorize direct payment to be made to the office of **Grace Gynecology & Wellness and Graceful Wellness Med Spa** for any and all medical or surgical services rendered. You also understand that if any services or charges are not covered, if **Grace Gynecology & Wellness and Graceful Wellness Med Spa** is unable to verify eligibility, that you are responsible for all charges for services rendered.

## Office Policies

### PATIENT FINANCIAL RESPONSIBILITIES

**Grace Gynecology & Wellness and Graceful Wellness Med Spa** collects any financial responsibilities that you are quoted at the time of check-in. Any quote is an estimation (either provided by your insurance company or a self-pay quote) and you may be billed additional charges after your visit. If you are using health insurance, per your insurance, any cost quoted to you is not a guarantee of coverage and it is your responsibility to verify if your provider is an in-network provider. Any phone calls from your provider regarding quoted benefits is done as a courtesy by the office and is not a requirement.

Any financial responsibilities quoted from **Grace Gynecology & Wellness and Graceful Wellness Med Spa** **DO NOT** include services provided by an imaging center, a laboratory (lab), pharmacy, or a referred doctor/practice. These services are **billed separately** and you will need to call the number provided on the statements received from that place of service if you have any billing questions or concerns, **NOT Grace Gynecology & Wellness and Graceful Wellness Med Spa**. **Grace Gynecology & Wellness and Graceful Wellness Med Spa** does **NOT** have any control over their billing or prices.

Services provided by **Graceful Wellness Med Spa** are self-pay only services and **WILL NOT** be filed towards your insurance and a prior authorization **will not be filed** for the services provided.

It is also your responsibility to notify **Grace Gynecology & Wellness** of any changes to contact information and/or insurance information **before** your scheduled appointment. If we are unable to verify active coverage **by the day before** your scheduled appointment, you will be financially responsible for any estimated costs and be reimbursed the difference once your insurance has processed all pending claims.

### 24-HOUR CANCELLATION & NO-SHOW POLICY

When you make an appointment at Grace Gynecology & Wellness and Graceful Wellness, we reserve a significant amount of time specifically for your consultation. Unfortunately, when a patient does not show up for their scheduled appointment, another patient loses an opportunity to be seen. For this reason, it is the policy of Grace Gynecology & Wellness and Graceful Wellness that the patient **calls to reschedule or cancel an appointment 24 hours prior to the appointment**. Any patient that does not arrive for their scheduled appointment within a 15-minute window and does not call to cancel 24 hours prior to their scheduled appointment is considered a **no-show**. Patients that do not follow this policy will be charged a **\$50.00 fee** for scheduled appointments.

***The only exceptions to this policy are medical emergencies, inpatient hospitalizations, or a crisis.***

### **ADDITIONAL FEES & SERVICES**

There is an additional **self-pay \$25.00 fee** for the following services:

- **Non-emergency calls** made to the after hours on call physician (including, but not limited to, medication refills,
  - If you are experiencing a **life-threatening situation**, please call 911.

### **WELL WOMAN EXAMS & HPV TESTING**

You understand that, unless your provider otherwise specifies, **Grace Gynecology & Wellness** advises having a well woman / gynecological exam yearly. This service consists of:

- Breast Exam
- Pelvic Exam
- Pap Smear
- HPV Testing\* (for patients ages 30 and over)
- STD Cultures (Upon request and/or when sexually active to age 26, including but not limited to Gonorrhea and Chlamydia)

**HPV testing may not be covered yearly by your insurance company.**

Medical insurance coverage is not the same for all patients because there are so many different plans designed for individuals or companies. Because of this, we follow the guidelines of the American College of Obstetricians and Gynecologists (ACOG) which states that individuals ages 21 – 65 who **have not** had a history of abnormal pap smears nor have they tested positive for a strain of the HPV virus are recommended to be tested every 3 – 5 years. These guidelines **do not apply** to individuals who **have had** a history of abnormal pap smears or **have tested positive** for a strain of the HPV virus.

**What is the purpose of the HPV test and why is it performed?**

The HPV test is a screening test for cervical cancer, but the test doesn't tell you whether you have cancer. Instead, the test detects the presence of HPV, the virus that causes cervical cancer, in your system. Certain types of HPV — including types 16 and 18 — increase your cervical cancer risk.

Knowing whether you have a type of HPV that puts you at high risk of cervical cancer means that you and your doctor can better decide on the next steps in your health care. Those steps might include follow-up monitoring, further testing, or treatment of abnormal cells.

Routine use of the HPV test under age 30 isn't recommended, nor is it very helpful. HPV spreads through sexual contact and is very common in young people — frequently, the test results will be positive. However, HPV infections often clear on their own within a year or two.

**Your healthcare provider will counsel you on any testing they recommend and will not run any tests without your consent.**

What is **NOT** included with your preventive/routine care are services or additional testing to evaluate gynecological problems. You may be responsible for additional charges/payments due on the date of service or billed to you after your claim has been processed with your insurance. Services **NOT** covered as routine services include, but are **not limited to**:

- Abnormal bleeding
- Bladder Leakage (Urinary Incontinence)
- Breast Pain
- Fatigue
- Hormone Consults / Problems
- Pain with urination
- Pelvic pain
- Sexual Dysfunction (Low libido / No or low sex drive)
- Urine pregnancy tests
- Vaginal/Vulvar infections
- Weight concerns

Due to time constraints as well as coverage limitations if you are using health insurance, your provider will only be able to address either your problem at the time of service or your preventive / routine exam, and you will need to schedule another appointment for whichever service your provider advises you to return for.



### **PHARMACY & MEDICATION COVERAGE**

**Grace Gynecology & Wellness and Graceful Wellness Med Spa** are not aware of what pharmacies are in-network with your insurance company or what medications are covered under your pharmacy benefits / formulary. It is **your responsibility** to:

- Verify that a pharmacy is in-network with your insurance and update **Grace Gynecology & Wellness and Graceful Wellness Med Spa** so your medications can be sent to the correct pharmacy, either by phone, portal message, or in person.
- Contact your insurance company for a list of covered medications to provide to your physician.

**Grace Gynecology & Wellness and Graceful Wellness Med Spa reserves the right to modify, add, or remove to its Office Policies.**