

YOUR COPY

**Brian D. Jackson, DPM, LLC**

**NOTICE OF PRIVACY PRACTICES**

**This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**You have the right to obtain a paper copy of this Notice upon request.**

**Patient Health Information**

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing and insurance information.

**How We Use Your Patient Health Information**

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Before we can use the information for these purposes, we must obtain your written consent. This consent is included on a form that you have been asked to sign.

This Notice gives examples of how we will use or disclose your health information for treatment, payment, and health care operations. The Notice also describes circumstances when we may have to use or disclose the information even without your consent.

**Examples of Treatment, Payment, and Health Care Operations**

**Treatment:** We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

**Payment:** We will use and disclose your health information for payment purposes. For example, we may need to obtain

authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluations of the quality of treatment, and to assess the care and outcome of your case and others like it.

**Special Uses**

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other Uses and Disclosures**

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your consent for the following purposes:

- **Required by Law:** We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products to public health authorities, and similar information.
- **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

- *Judicial and administrative proceedings:* We may disclose information in response to an appropriate subpoena or court order.
- *Law enforcement purposes:* Subject to certain restrictions, we may disclose information required by law enforcement officials.
- *Deaths:* We may report information regarding deaths to coroners, medical examiners, and funeral directors.
- *Serious threat to health or safety:* We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- *Military and Veterans:* If you are a member of the armed forces, we may release information as required by military command authorities.
- *Research:* We may use or disclose information for approved medical research.
- *Workers Compensation:* We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, 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 to stop any future uses and disclosures.

#### **Individual Rights**

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights:

*Request Restrictions:* You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

*Confidential Communications:* You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

*Inspect and Obtain Copies:* In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

*Amend information:* If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

*Accounting of Disclosures:* You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

#### **Our Legal Duty**

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

#### **Changes in Privacy Practices**

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

#### **Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U. S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

#### **Contact Person**

If you have any questions, request or complaints, please contact:

Name: Privacy Officer  
 Address: 1215 Hatcher Lane  
 Columbia, TN 38401  
 Phone No.: (931) 380-0353

**Effective Date:** The effective date of this Notice is:

April 14, 2003

### Middle Tn. Foot and Ankle Clinic Financial Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our Office Policy, allows for a good flow of communication and enables us to achieve our goal. We make every effort to keep down the cost of your medical care. Because the billing process has become so expensive and because we all wish to keep medical costs as low as possible, we have established this financial policy (effective 6/25/9).

**COPAYS ARE EXPECTED AT THE TIME OF SERVICE:** Your insurance requires by law that we collect your co-pay. Please expect to pay your co-pay on every visit. For your convenience, we accept cash, check, and most credit and debit cards.

**INSURANCE:** Please bring your insurance card to every visit. We bill participating insurance companies as a courtesy to you. You are responsible for all charges. Our participation with various insurance companies is subject to change. It is your responsibility to contact your insurance company or your employer's HR department to see if we are participating providers. We are not held responsible for out of network payments from your insurance company. It is also your responsibility to know if a referral or authorization is required for your visit with us. You may also want to call your insurance company to check coverage for podiatric services.

**SELF-PAY:** If you are uninsured, the initial cost to see the physician is \$100.00 and is collected before seeing the physician. If there are other charges, such as x-rays, surgeries, etc., you may be billed for these services if unable to pay for them at the time of service. Consistent monthly payments must be made to prevent your account from being turned over to a collection agency.

**SURGICAL DEPOSITS:** If you are scheduled to have surgery, you may be asked to pay a deposit. We call your insurance company and analyze your benefits to approximate how much you will be responsible for after your insurance company pays. This is an estimate and any overpayment will be refunded at the end of the month after all claims have been paid.

**RETURNED CHECKS:** A \$20.00 fee will be charged for any check returned for insufficient funds. You will be notified by mail or phone if we receive a returned check. You will be expected to come by our office to pick up the check and pay the fee in addition to the amount of the check, in cash. We will not run checks back through. If you fail to comply or we are unable to contact you, your account will be turned over to a collection agency.

**MISSED APPOINTMENTS:** Effective 6/1/09, our office instituted a \$25.00 fee for missed no-show appointments. This has been made necessary by increasing numbers of people not keeping their appointments. Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. This fee is not covered by your insurance company and will apply if you fail to notify us of a cancellation at least 24 hours prior to your scheduled appointment time. If you need to cancel an appointment please call as soon as you know during business hours. **EXCEPTIONS WILL BE MADE DEPENDENT ON MEDICAL CIRCUMSTANCES.**

**MEDICAL RECORDS:** You will be charged \$20.00 for copies. You will also be charged for the cost of postage, if you request copies be mailed. No charge will apply when sending records to insurance companies or other physicians.

**ADMINISTRATIVE FEES:** There is an administration fee of \$20.00 for the filling out of forms, such as disability or FMLA papers.

**BILLING:** You will be billed for any remaining balance that you may owe after your insurance company has processed the claim. Unless financial arrangements are made in advance, any accounts over 60 days will need to be paid before your next appointment. Consistent monthly payments must be made to prevent your account from being turned over to a collection agency. Any accounts over 60 days old will be turned over to a collection agency and you will be responsible for all collection fees and court costs. If you have any questions, please do not hesitate to call our office manager at 931-380-0353.

I have read and understand the above Office Policy. I have a copy for my records.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_