

## NOTICE OF PRIVACY PRACTICES

### Annapolis Internal Medicine, LLC.

Effective date May 9, 2016

This notice describes how medical information about you may be used and disclosed and how you can get access to this information as well as your rights. Please review it carefully. If you have any questions, please contact Claudia Cicchetti, Office Manager at 410-897-9841.

#### OUR PLEDGE TO YOU

We understand that health information about you and your health care is personal. We are committed to protecting that information. We create and update your file as needed with information about the care and services you receive from us. We need this record to provide you with quality care and to ensure we comply with certain legal requirements. This Notice applies to all records in your file, generated by this health care practice, whether made by your physician or others working in this office. This Notice will inform you how we may use and disclose that information. We also describe your rights to the information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- maintain the privacy of your protected health information (PHI)
- provide you with a copy of this Notice
- abide by the terms of this Notice that are currently in effect; and
- notify affected individuals following a breach of unsecured protected health information (PHI)

#### CRISP

We have chosen to participate in the Chesapeake Regional Information System for our patients (CRISP), a regional health information exchange servicing Maryland and D.C. As permitted by law, your health information will be shared with this exchange to provide faster access, better coordination or care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your information through CRISP by calling 1-877-952-7477, or completing an Opt-Out form to CRISP by mail, fax or their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as a part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

#### HOW WE USE YOUR HEALTH INFORMATION

We use health information about you for treatment, to obtain payment, and for health care operations including administrative purposes and evaluation of quality care you receive. Under some circumstances, we may be required to disclose the information even without your permission.

#### EXAMPLES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Treatment: We will use and disclose your health information to provide you with medical care or services. We may 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 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, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

Patient Portal: If you sign up to use our self-service patient portal, we may use and disclose information to: contact you; provide you with test results; refill medications; provide education about illness; and schedule office appointments.

Special Uses: We may use your information to contact you with appointment reminders via phone call, text or email messaging.

#### OTHER USES AND DISCLOSURES

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

Required by Law: We may be required to report gunshot wounds, suspected abuse or neglect, or similar injuries or events.

Research: We may also use or disclose your information for approved medical research.

Health Oversight: We may be required to disclose information to assist in investigations or 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, funeral directors and organ donation agencies.

Serious threat to health or safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety and the safety of the public or another person.

Military and Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

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 on this form 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 confidentially by, for example, sending notices to a special address or not using phone/voicemail to remind you of appointments and/or test results. You can also request specific restrictions regarding your patient portal.

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 charge for those copies.

Amend Information: If you believe that information in your record is missing, you have the right to request that we correct the existing information or add the missing information. In addition, we may deny your request if you ask us to amend information that:

- was not created by us
- is not part of the health information kept by or for our practice; or
- is accurate and complete.

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

## **COMPLAINTS**

If you are concerned that we have violated your privacy rights, or, if you disagree with a decision we have made about your records, you must submit a written complaint to the address below. *You will not be penalized for filing a complaint.*

Annapolis Internal Medicine, LLC.  
Attn: Claudia Cicchetti  
116 Defense Highway, Suite 400  
Annapolis, MD 21401

You may also send a written complaint to the Department of Health and Human Services. The person listed above will provide you with the appropriate address upon request.

**ANNAPOLIS INTERNAL MEDICINE, LLC**  
**Business Office Disclosure and Financial Policy**

Thank you for choosing Annapolis Internal Medicine (“AIM”) as your healthcare provider. The purpose of this form is to clearly explain our financial policies and business office procedures and patient responsibilities. We are available to discuss our professional fees with you at any time. The following is a statement of our Business Office Disclosure and Financial Policy which must be given to you each year, or as our policies change. A signature of receipt and acknowledgement is required.

**PROVIDE ACCURATE INFORMATION**

You have the responsibility to provide accurate and complete information regarding your demographic information, health insurance and health history. If any information changes such as name, address, phone number, email, insurance coverage, etc.-please inform the practice immediately. Insurance denials as a result of billing errors due to patient supplied information will result in transfer of the account balance to the patient's financial responsibility.

**UNDERSTAND YOUR INSURANCE COVERAGE AND BENEFITS**

Your healthcare contract is between you and your insurance carrier. Patients are ultimately responsible for understanding their coverage and benefits as there may be limitations and exclusions. *You are responsible for any charges not covered by your plan.*

**INSURANCE PLANS**

Our providers participate with Medicare, Medicaid, Priority Partners, Amerigroup and most commercial insurance plans. “Participation” means that we have a contractual agreement with your insurance company. We will submit your medical claims on your behalf and will await payment, less any copayments or deductibles that are the patient’s responsibility. **Copayments, if applicable, are due at time of service as it is a requirement placed on you by your insurance company.** If you have a managed care plan or HMO and are being seen for primary care services, and we are not listed as the primary care provider on your insurance card, you must provide a referral from the primary listed on that card or you may be asked to reschedule your appointment. If you are seeing a specialist in our office and your insurance requires a referral, you must present or have a valid referral on file at the time of service, or you will be asked to reschedule your appointment. If you wish to keep the appointment without a referral, you will be asked to sign a waiver and will be personally responsible for the charges incurred. If we do not participate with your insurance, we will submit a claim to your insurance company as a courtesy, however, you will be asked to pay for the visit in full at the time of service. Should your insurance remit payment directly to our office, we will refund any monies due to you within ten business days.

**SELF PAY ACCOUNTS**

Self-pay accounts are patients without insurance coverage. AIM offers a 50% discount off of services rendered when payment is received at time of service. If a patient is unable to pay the total amount due at the time of service, they forfeit our discount and will be billed for the full amount of their visit.

**WORKERS’ COMPENSATION**

If you are injured on the job, your visits should be covered under your employer’s workers’ compensation insurance. ***You must report your injury to your employers as soon as possible.*** We will submit your claims to the workers’ compensation insurance carrier; however, you must supply us with your employer’s name, workers’ compensation insurance carrier name and contact info, date of injury, claim number and adjuster's name and telephone number. Failure to provide the needed information can result in your claims being denied, and will be your financial responsibility.

**MOTOR VEHICLE ACCIDENT / PERSONAL INJURY PROTECTION**

Our office **does not** accept third-party payment or an attorney lien as a method of payment for claims relating to a motor vehicle accident, also known as an MVA/MVC. Payment for services related to an MVA/MVC is expected at the time of service. A detailed receipt will be provided so that you may submit a claim to your auto insurance company for reimbursement. We do not offer discounts or for these types of visits.

**LAB AND DIAGNOSTIC TESTING**

Our providers may order laboratory tests or diagnostic studies as part of your visits. Your insurance company may require you to use one particular lab or radiology group. We will make every effort to direct you to a participating facility; however, if you choose to go to a non-participating lab or radiology group, you may be financially responsible. You may be asked by the laboratory to fill out additional forms or waivers that notify you of your potential financial responsibility.

**MISCELLANEOUS SERVICES AND RELATED FEES**

There are various services that may incur a charge on your account, which are outlined below. Please be advised that if it is possible to submit the charges to your insurance, we will do so as a courtesy. However, should your insurance deny payment, the fee may become the patient’s responsibility.

- 1) Telephone, video visits or email consultations with a Physician or Nurse Practitioner during or after business hours
  - a. Patient or caregiver (authorized to speak on the patient’s behalf), must initiate the request for a call, video visit or email consultation.
  - b. There will be no charge for problems or issues that had been addressed during a visit within the prior seven (7) business days.
  - c. There will be no charge for problems or issues that require or result in an office, urgent care or emergency room visit by the end of the next business day.
  - d. If the reason for your call is not covered by the conditions described in Items b) and c) listed above, a fee may be incurred.

The base fee for a telephone consultation is \$35 and will normally average 5-10 minutes. Video visits will be \$55.00 and the base fee for a email consultation is \$15.00.

- 2) Form completion
  - a. Motor Vehicle Administration (MVA) form for parking permit - \$10
  - b. Family Medical Leave (FMLA) form - \$20
  - c. Childcare Clearance Form - \$15
  - d. Other forms such as college entrance, disability, etc - \$15
- 3) Medical records \*requests will be processed as soon as possible. However, can take up to thirty days to complete.
  - a. Requests from patients that are less than twenty pages will be available for pick up or will be faxed at no charge.
  - b. Requests from patients that are more than twenty pages will be copied onto a CD for a flat fee of \$ 20.00  
(this includes materials and postage)
  - c. Charges for third party companies requesting records will be \$20.00 for the records + \$22.88 for a preparation fee.

#### **METHODS OF PAYMENT and RETURNED CHECK FEE**

For your convenience, we accept Cash, Check, Visa, MasterCard, Discover and American Express for payment. There is a \$35 fee for any check not honored by your bank.

#### **CANCELLATION POLICY**

We require 24-hour advance notice for canceling appointments. We do not confirm appointments made within two days of your scheduled visit. Failure to do so may result in a \$40.00 missed office visit fee. We recognize that there may be circumstances which may not permit such notice and those shall be considered on a case by case basis. This policy is aimed at minimizing wait times and ensuring availability of medical care for our patients. For any missed physical, wellness, vascular or echocardiogram appointments, the missed office visit fee may be \$60.00

#### **INTEREST CHARGES / FEES**

Past due balances are subject to interest charges and/or late fees.

#### **STATEMENTS**

A statement will be sent to you, via paper or electronically (whichever you prefer) once the insurance company has processed the claim and the remaining balance becomes your responsibility. We send statements every thirty days up to three months. Unless you notify the business office within 30 days of receiving your statement that you dispute the validity of the balance or any portion thereof, we will assume the balance is correct and valid. If no payment, payment arrangement or letter of hardship is received within three billing cycles, your account is considered delinquent and will be forwarded to our collection's agency. We do not send statements for any balances under \$5.00. Our staff will notify you of your small balance during check-in at your next appointment.

#### **TREATMENT OF MINORS**

The parent(s) or legal guardian is responsible for full payment and will receive the billing statements. A signed release will be required to treat unaccompanied minors.

#### **COMMERCIAL PREVENTATIVE EXAMS**

Most commercial insurance plans will cover a preventative exam every one or two years. In fact, some of these insurances will even cover them without a co-payment. However, in some cases, there are circumstances where you may be billed an office visit along with the exam, which will prompt a co-payment or coinsurance to be applied. There situations include (but are not limited to) a new, acute issue discussed, evaluated or managed, a chronic problem that is re-evaluated and treated, a special test ordered or if a referral to a specialist is created. If you have any questions regarding this, please speak with your doctor or our business office.

#### **ANNUAL MEDICARE WELLNESS EXAMS**

Medicare covers your Annual Medicare Wellness visit with no coinsurance or deductible. As a part of subsequent wellness visits, your doctor will update the health-risk assessment you completed the year prior, update your medical and family history, update the list of current medical providers and suppliers, screen for cognitive issues, update your risk factors and conditions and the care you are receiving or that is recommended, provide health advice and referrals to health education/preventative counseling services or programs, check your weight and blood pressure. \*Please note that no other examination is covered by Medicare during the Annual Wellness visit. If you receive additional services such as the evaluation and management of any existing or new problem, procedure or tests, they will be billed as a separate medical service. In those cases, you may be charged your regular coinsurance and/or deductible. If you have any questions regarding this, please speak with your doctor or our business office.

#### **PORTAL ACCOUNT**

Our secure, online patient portal is designed to be a convenient resource for our patients. Once registered, you will be able to manage your or your family members personal and insurance information, send non-urgent messages to our clinical and clerical staff members, manage appointments, review lab results and pay your bill. We recommend you go through your pharmacy for any prescription refill requests. The portal is not intended to take the place of an office visit or to discuss, at length, chronic medical conditions and treatment plans.

#### **CONDITIONS OF PORTAL ACCESS**

More than three (3) cancellations through the portal within a 12-month period may warrant your portal account to be disabled. Portal access may also be disabled for any rude, demanding, impolite or threatening messages sent to our staff. Portal access may only be restored after reviewed by management.