



IMPORTANT PRACTICES AND POLICIES

NOTICE OF PRIVACY PRACTICES

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

The purpose of this NOTICE OF PRIVACY PRACTICES is to describe how the practice may use and disclose your Protected Health Information (PHI) and it describes your rights to access that information. These uses and disclosures include:

Treatment- To provide, coordinate and manage your health care and any related services, including to another physician or health care provider.

Payment- To obtain payment for your health care services, including providing information for making a determination of eligibility of coverage for insurance benefits, reviewing services provided for you for medical necessity and undertaking review activities.

Health Care Operations- In order to support the business activities of our practice, including (but not limited to) quality assessment activities, employee review activities, training of medical students, and conducting other legitimate business activities.

Other Uses- Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law.

Your Rights- You may inspect and obtain a copy of your PHI designated record set that contains any records that your physician and the practice use for making decisions about you for as long as the practice maintains the PHI. The practice will provide that information in electronic format form at no cost. For paper format, there will be a fee based upon cost of supplies along with labor and delivery of records. Please note that a physician may deny access to PHI if she determines that release of that information could be harmful to the physical, mental, or emotional health of the patient or could endanger the patient. You may restrict the release of your PHI to your health plan when the information relates solely to a healthcare or service for which the practice has been paid in full by you or another person on your behalf (other than a health plan). You have the right to request confidential

communication from us by alternative means or at an alternative location, and the practice will honor reasonable requests. Please make any such request in writing to our Practice Manager. You may request an amendment of your PHI for as long as the practice maintains the information. Please contact the Practice Manager if you have questions about amending your medical record. You are entitled to receive an accounting of certain disclosures the practice has made, if any, of your PHI. The right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It excludes disclosures the practice may have made to you, to family members or friends involved in your care, or for notification purposes. The practice is prohibited to discuss or release any of your billing or medical care to a person other than yourself without written approval by you. Your consent may be requested by you to our practice by completing a form acknowledging who you authorize the practice to discuss your billing or medical care to. If an electronic breach of your PHI occurs and that information was not encrypted, the practice will notify you with a brief description of what happened, a description of the PHI that was involved, recommended steps you can take to protect yourself from any negative consequences of the breach, what steps the practice is taking in response to the breach, and how you can obtain additional information related to the breach. You may complain to the practice or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the practice. The practice will not retaliate against you for filing a complaint. To file a written complaint with the practice, please bring your complaint directly to the Practice Manager or mail your complaint to 7900 Fannin St, Suite 2600, Houston, TX 77054.

NO SHOW POLICY AND ADDITIONAL FEES

Our schedule is typically full and there is a waiting list for available appointments. In consideration of those waiting patients and the practice, please let us know as soon as possible if you are unable to keep a scheduled appointment. A fee for a No-Show is \$50, which the practice is willing to waive for a valid excuse. The fee will not be waived if the patient does not reschedule or cancel the appointment, either before the scheduled day/time or as soon as possible after the scheduled appointment. The No-Show fee cannot be billed to an insurance carrier and must be paid by the patient or waived by the practice before another appointment will be scheduled.

Other penalties may be associated with not appearing for a scheduled appointment:

--If an appointment is canceled within 24 hours of a scheduled appointment time, especially if it is repetitive.

--A new patient who, without prior notice or explanation, does not appear for the first appointment may not be rescheduled with the practice.

--The practice reserves the right to dismiss from the practice any patient who fails to make 3 scheduled appointments in any period of time without notice or reasonable explanation.

DOCUMENT COMPLETION POLICY AND FEES

The practice is happy to complete documents related to your health and healthcare that are needed by employers and others. Please understand that these documents can be lengthy and complex. Once the office has your request of the document to be completed, the necessary information will be completed and ready for you within 10 business days. The fee for the completion of *each* form is \$25, which must be paid either by check or in cash before any completed forms are delivered to you or on your behalf.

CASH PAYMENT POLICY

The practice is pleased to accept cash payments for medical and other services. The practice is not, however, able to make change of less than \$1. If the balance due is not an even dollar amount, the practice will round the amount due to the nearest dollar. The result will be either a credit or debit balance for the patient's account.

COMMERCIAL AND MARKETPLACE CARRIERS

Our billing department diligently verifies all insurance policies prior to a patient's scheduled appointment or surgical procedure. You will be contacted if the investigation confirms the policy is no longer effective or if we are informed that a premium is not met for each month an appointment is made. If we are not informed of any changes to your insurance policy prior to your appointment, your visit will be delayed until the investigation has been completed. If a premium is not met, you will be considered as self-pay until the premium is paid in full or you have provided a receipt for payment. It is the responsibility of the patient to inform the practice of any changes to a policy *immediately* so your account can be updated. Failure to do so will result in a claim being the full responsibility to a patient. This is necessary in order to have a claim processed correctly due to timely filing imposed by insurance carriers.

MUTUAL RESPECT POLICY

The practice is committed to providing competent, caring, and inclusive healthcare to women of all ages. If you ever feel that the practice has failed to meet that commitment, please let us know by communicating via the patient portal, directly with our Practice Manager, or by written communication to Dr. Damla Karsan. In support of our commitment to patients, the practice has built an exceptional team. Please remember that they always deserve your courtesy and respect. The practice reserves the right to dismiss both employees and patients for egregious or continued inappropriate behavior.

WELL WOMAN VISIT POLICY

Regular Well Woman visits are necessary for women of all ages. They enhance the overall health and well-being of women by providing recommended preventative services and screenings. They also offer an opportunity to counsel patients about maintaining a healthy lifestyle and minimizing health risks. Comprehensive patient histories, especially new events and diagnoses since the last well woman visit, and a current review of systems are essential elements of a well woman visit. Information in these documents informs decisions about which components of a physical examination are indicated at the visit and enable a comprehensive assessment of the woman's personal risk factors. Another key component of a well woman visit for each woman of reproductive age is the development and discussion of a reproductive life plan to ensure that medical testing and treatments provided are aligned with her current and future plans. A well women visit is no longer than other types of visits. Even so, the time allotted does not include dealing with problems or other concerns outside the elements of a well woman visit. Please be advised that, in consideration of patients after you, the provider may ask you to schedule a separate appointment to address a problem. If time permits and the provider deals with the problem as part of the well woman visit, you may be charged a separate fee for the additional service. That additional service may result in a co-payment or deductible amount being due and owing.

As outlined individually by your insurance carrier, a well woman exam is preventative care that you receive when symptom free of any ailments. The exam includes vital signs, health history, physical exam and preventative laboratory and imaging screening tests. This is typically allowed 1 time per calendar year by most insurance companies. Services will depend on your insurance carrier and do not *usually* require a copay or go towards a deductible. If your provider manages symptoms or ailments outside of preventative care, such as existing chronic problems (diabetes, high blood pressure, etc.) or any new illness or condition, a problem visit may be billed which will result in a co-pay and/or deductible amount that will be owed by you.

If there is an email added to your account, all normal labs will be released to the patient portal and you will receive notification when that action is completed. If you choose to not utilize our patient portal, you will receive your normal results by phone or mail. For an abnormal result, you will receive a call from the nurse or a provider.

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