

3203 Willamette Street Eugene, OR 97405  
Phone: 541-726-9912 Fax: 541-744-4443  
Billing Offices: (OPP) 541-988-3137 or (Dr. Strgar) 541-485-1568

05/2015

#### NOTICE: PATIENT PRIVACY

We understand that medical information about you and your health is personal. The providers and staff at Oregon Psychiatric Partners and Franc Strgar MD, P.C are committed to preserving the privacy of your personal health information. Additionally, we are required by law to protect the privacy of your medical information and to provide you with notice describing:

#### HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED/DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION:

- We may use and disclose health information about you for the purposes of treatment, payment and healthcare operations without obtaining your consent or authorization. Some examples may include; speaking with a physician if you are hospitalized, calling medications into a pharmacy, or submitting information to your insurance provider to obtain authorization or payment for services.
- We may disclose information about you when required to do so by federal, state or local laws. Examples of this purpose may include; Our receiving a court order or subpoena if you become involved in a lawsuit or dispute. Subject to all legal requirements, we may release health information about you in response to a subpoena.
- As our patient, you have important rights to inspect and receive a copy of your medical information that we maintain, you may request amending or correcting that information, obtain an accounting of the disclosures of your medical information, request that we communicate with you confidentially, request that we restrict certain uses and disclosures of your health information, and register a complaint if you think your rights have been violated.
- We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights and our obligations under the law. We may revise our NOTICE from time to time. The effective Date at the top right hand side of this page indicates the date the most current NOTICE is in effect.
- You have the right to receive a copy of our most current notice in effect. If you have not yet reviewed a copy of our current notice, please ask the front desk and we will provide you with a copy.

#### OFFICE POLICY STATEMENT:

The office staff is available by telephone 9:00 am to 4:30 pm Monday through Friday. Please be advised that calls are transferred to the answering service daily from 11:30am-1:00pm. The office is closed on the first Friday of each month and on most national holidays. An operator is available at all times to assist you. Please listen carefully to the voicemail options and select the option that best fits your needs. . If you are unable to wait for a return call from the on-call provider, please go to your local Emergency Room.

#### Appointments and Emergencies

It is your responsibility to attend scheduled appointments. If you cannot keep your appointment, ***please call at least 24 hours in advance to cancel or re-schedule.*** Frequent missed appointments or last minute cancellations may result in termination of your care in this office. Additionally, if you are assigned to a new provider and you do not show for the initial visit your chart will be closed and you will not be eligible to reschedule with our providers.

If you have an urgent need during business hours or during evenings and weekends, you may be referred to the on-call provider if your regular provider is not available. In the event of an after hours emergency, the answering service can locate us and your call will be returned within 24 hours. If you are unable to wait for a return call from the on-call provider, please go to your local Emergency Room.

#### MEDICATION REFILLS

***Please call your pharmacy at least 3 days before you need to pick up your medication, even if it says "No Refills".*** The pharmacy will notify us of your request. If your medication requires a written prescription please contact the office at least 3 business days before you need the medication. Mailing of a written prescription requires that you provide the office with self-addressed stamped envelopes. NO ROUTINE REFILLS WILL BE PROCESSED AFTER REGULAR BUSINESS HOURS.

#### PSYCHIATRIC FEES

You may be charged for other services such as phone calls, after-hour contacts, reports, records, and consultations with other professional services. Your insurance company will be billed for covered services; however, you will be expected to pay for any fees not covered by your insurance. You are expected to pay your "copay" "deductible" "coinsurance" or the amount we expect you will owe at the time of your appointment. Private pay accounts require payments in full at each appointment. Please feel free to discuss charges and fees with us.

#### REPORTS, DOCUMENTS AND RECORDS REQUESTS

If you are applying for disability, involved in a legal dispute, or require written reports for a third party insurance or any other entity, please be aware these items are not a requirement of our providers. Fees will be charged for the completion of all documents that are requested by you, your attorney, or third party entities. ***These fees are the responsibility of the patient and may be required to be paid prior to the completion of the document.*** Our providers will make every effort to complete the requested document within 14 days of receiving it. However, in some cases documents and medical records requests may take up to 30 days to complete.

#### TREATMENT PLAN

You have the right to participate in forming your treatment plan and to ask why any form of treatment is recommended. You may at any time refuse treatment or request a change in the treatment approach. Please discuss this further with your provider.

#### PROVIDER RESPONSIBILITY DISCLAIMER

Many insurance companies now require authorization for mental health services. It is your responsibility to notify the office if your insurance changes or if your insurance requires pre-authorization. However, it is your responsibility to be aware of the insurance company's preauthorization requirements and if your policy has plan limitations. Authorization for sessions does not guarantee available benefits. If benefits exhaust or preexisting conditions apply, you will be personally responsible for the bill. Payment is due within 30 days of mailing of billing statement notice.

#### GRIEVANCE PROCEDURES:

If you feel right rights have been violated please discuss this with your provider. If you are not able to resolve the issue in this manner, you may discuss it with the Business Office at (541)726-9912. Finally, if a grievance cannot be resolved in this manner, you should contact the Oregon State Board Medical Examiners or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

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**PATIENT RIGHTS AND RESPONSIBILITIES**

We consider you a partner in your health care. When you are well-informed, participate in treatment decisions and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. We encourage respect for the personal preferences and values of each individual.

While you are a patient of Oregon Psychiatric Partners and/or Dr. Franc Strgar, MD, P.C. your rights include the following:

- You have the right to considerate and respectful care.
- You have the right to be well informed about your illness, possible treatments and likely outcome and to discuss this information with your provider. You have the right to know the names and roles of the people treating you.
- You have the right to consent to or refuse a treatment as permitted by law. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to privacy. Our group, your provider and others are caring for you will protect your privacy as much as possible.
- You have the right to expect a timely response to questions regarding medication and side effects.
- You have the right to expect that treatment records are kept confidential unless you have given permission to release information, or we are reporting as required or permitted by law. When we release records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to expect that we will give you necessary health services to the best of our ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives.
- You are responsible for providing information about your health, including past illnesses, hospital stays and use of medicine.
- You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your provider.
- You and those accompanying you are responsible for being considerate of the needs of other patients and staff.
- You are responsible for providing information for insurance and for working with us to arrange payment, when needed.
- Your health depends not just on the care you receive from your provider, but in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.

**BILLING RIGHTS AND RESPONSIBILITIES**

**IF YOU HAVE QUESTIONS REGARDING THIS NOTICE PLEASE CONTACT  
THE OPP BILLING OFFICE AT (541) 988-3137 OR DR. STRGARS BILLING OFFICE AT (541) 485-1568**

**INSURANCE AND PREAUTHORIZATION**

Insurance companies may require authorization for certain services. . Authorization does not guarantee payment. It is your responsibility to verify whether or not our providers are eligible for insurance reimbursement or if there are restrictions to your policy for specific providers or services. It is your responsibility to notify the office if your insurance requires preauthorization or if you have changes in your insurance plan or coverage. In many cases, you will be required to initiate the request for a referral to our office. It is also your responsibility to monitor the actual benefits you have used. If benefits terminate, authorized sessions have been used, or deductibles, co-pays or co-insurance are a requirement of your plan, you are personally responsible for the billed services.

**NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL**

If you think your bill is wrong or if you need more information about a transaction on your bill, write to us at the address on your bill as soon as possible, but no later than 30 days after you receive the first statement on which the problem appeared. You can telephone us, but doing so will not preserve your rights.

**In your letter, identify the following information:**

- Your name and account number (located on your statement)
- The name of your provider (located on your statement)
- Explain why you believe there is an error.

**YOUR RIGHTS AND RESPONSIBILITIES AFTER WRITTEN NOTIFICATION**

You must acknowledge your letter within 30 days unless we have corrected the error before then. Within 90 days, we must either correct the error or explain why we believe the bill is correct. You will continue to receive billing statements until the issue is resolved. If we find that we made a mistake on your bill, we will send you a statement of the corrected amount you owe and the day your payment is due.

**PAYMENT OF ACCOUNT**

Providers of Oregon Psychiatric Partners and Dr. Strgar MD, P.C. reserve the right to require prepayment of all services. Payment on the account is expected within 30 days following the statement closing date. All accounts not paid within 30 days may be considered past due unless payment arrangements are made. A \$25 fee will be charged to the patient for any check returned to us for insufficient fund (NSF).

Your financial responsibility may be different from that stated on your insurance card because of psychiatric specialty fees which may not be known until after the insurance has been billed.

Completion of reports and forms are not a required responsibility of our providers. If Providers choose to complete reports and forms, or telephone calls become lengthy, these services are not reimbursable by insurance and you may be personally responsible for payment of these services.