

Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"). I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used for the following:

To conduct, plan and direct my treatment and follow-up among the multiple health-care providers who may be involved in that treatment directly and indirectly. Obtain payment from third-party payers. Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that Greystone Medical Clinic has the right to change its Notice of Privacy Practices from time to time that I may contact Greystone Medical Clinic at any time at 507 NE 12th Street, Moore Ok 73160 to obtain a copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

Authorization to Release Health Information

I understand that as part of my healthcare, Greystone Medical Clinic originates, maintains paper and/or electric records describing my health history, symptoms, examination and test results, diagnosis treatment, and any plans for future care or treatment. I understand that my medication history and formulary benefits may be downloaded from a secure electronic clearing house, I understand that this information serve as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify services billed were actually provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

General Consent for Treatment

I request and authorize medical care as my physician, his assistant or designees (collectively called "the physicians") may deem necessary or advisable. This care may include, but is not limited to, routine diagnostics, radiology and laboratory procedures, administration of routine drugs, biological and other therapeutics and routine medical and nursing care. I authorize my physician(s) to perform other additional or extended services in emergency situations if it may be necessary or advisable in order to preserve my life or health. I understand that my care is directed by my physician(s) and that other personnel render care and services to me (the patient) according to the physician(s) instructions.

- I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees or promises have been made to me with respect to results of such diagnostic procedure or treatment.
- I understand that samples of body fluids and/or tissues may be withdrawn from me (the patient) during routine diagnostic procedures, I authorize Greystone Medical Clinic to dispose of the bodily fluids.
- I have been informed and understand that an HIV (human immunodeficiency virus- AIDS) test may be performed on me without my consent if a health care professional of Greystone Medical Clinic sustains exposure to my blood or other body fluid.
- A drug screen by blood or urine sample may be obtained with verbal consent for purposes of verifying compliance with medication regimens or when abuse or misuse is suspected or when signs or symptoms of toxicity exist.

Patient Signature:_____ Date:_____

Other Signature:_____ Relationship to Patient:_____

_____ **After Hours** - We take pride in being available for urgent health care issues. Therefore, our providers can be reached after office hours, if medically necessary. Please call our office number and the on-call number will be available to reach the provider directly. However, we ask that patients keep such calls to a minimum, and calls deemed unnecessary or frivolous may incur a \$15 fee.

_____ **Financial Responsibility – Greystone Medical Clinic** will bill your insurance as a courtesy. However, you are responsible for your portion of your bill (for example, co-pays, deductibles, services not covered by your health plan, etc.) at the time of your visit. Remember that the contract with your insurance company is between you and them and it is your responsibility to know your policy. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payment, covered charges, secondary insurance, usual and customary charges, etc., other than to supply information as necessary.

_____ **Payment** is due at the time services are rendered. A 3.9% processing fee applies to debit and credit card payment transactions. The 3.95% fee is waived when paying by ACH, cash or check.

_____ **Late Arrivals** - Patients arriving ten or more minutes late for their scheduled appointment will be rescheduled to the next available appointment time and may incur a \$25 missed appointment fee.

_____ **No Show/Missed Appointments – Greystone Medical Clinic** requires a 24-hour notice for appointment cancellations or reschedules. Any appointment cancelled/rescheduled less than 24-hours prior to the scheduled appointment time may incur a \$25.00 fee, this includes no-show appointments. After five missed/no show appointments, an account may be reviewed for discharge from the practice. New patients will not be allowed to reschedule their appointment if they no-show or cancel within 24-hours.

_____ **Prescription Refills** - Please bring your pill bottles to appointments and review dosing with your provider. We ask that you request any refills needed at your visit. If you forget something, please allow us 72 hours for phone refills. Our providers may stop their work to provide a refill on an urgent basis, but this may incur a \$25 fee.

_____ **Referrals** - Providers may need to refer you to a specialist/another provider to better serve your healthcare needs. If this occurs, note that all referrals will be processed by our office within 3 business days from the time of chart documentation. We request that you reach out to the referral provider if you have not heard from them after this time frame to schedule an appt.

_____ **Test Results** - Providers may order tests to help diagnose and treat your medical condition. You will be notified of any critical test result within twenty-four (24) hours of the provider reviewing the report. You will be notified of normal test results within two (2) weeks of the provider reviewing the report. If you do not hear from your provider, please call and inquire. Your provider may not have received your results. Please note you may receive a separate bill from DLO or another laboratory for processing the lab specimen. It is your responsibility to know if your insurance has another preferred lab.

_____ **Patient Portal – Greystone Medical Clinic** is proud to offer a patient portal through our Electronic Medical Record. This portal is secure and is only accessible by the patient. All medical records and test results will be pushed to and available on the portal as soon as the provider reviews and signs off on the chart. Also, messaging is available between the patient and the clinical staff within this portal. The portal setup and usage instructions will be emailed to the email address provided at check in.

_____ **Copies of Medical Records** - Due to the high volume and time-consuming nature of requests, Greystone Medical Clinic has implemented the charges below for Medical Records.

PAPER COPIES: 1-10 pages: FREE 11-25 pages: \$15.00 26-50 pages: \$20.00 51-75 pages: \$25.00
76-100 pages: \$30.00 100+ pages: \$40.00

Charges will not exceed \$40.00 and payment will be due prior to records being released Greystone Medical Clinic will not charge a fee for processing requests for releases to medical insurance companies or for Workers' Compensation.*

Patient Name

Initials

Date