



Welcome to Saint Moscatti! We're a family medicine clinic offering integrative primary care. Our goal is to work with you to improve your health and support your well-being. Please take a moment to read through our office policies—your understanding and participation help us care for you better. Everyone is welcome. We provide care to everyone, no matter their ability to pay or their insurance (including Medicare, Medicaid, or CHIP).

Non-Discrimination Policy

It is against the law to discriminate basis of race, color, national origin, sex, age, or disability. Saint Moscatti does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability. All patients and parents/guardians have the right: to be treated considerately and respectfully regardless of the patient and/or family's race, religion, sex, sexual orientation, gender identity/expression, cultural background, economic status, education, or illness. If you believe that any Staff of Saint Moscatti has been discriminatory against you in any way based on race, color, national origin, sex, age, or disability, you can file a grievance with Office Management.

Appointments

- Appointments are 20, 40, or 60 minutes long.
- If you need to cancel or reschedule, please call us at least **24 hours in advance**.
- A **\$25 fee** will be charged for any missed appointment if you do not give at least a **24-hour notice** prior to cancellation of your appointment.
- If you miss **four appointments without giving at least a 24-hour notice**, within a **12-month period** you may be discharged from practice.
- If you're more than **10 minutes late**, we may ask you to reschedule.

Test Results (Labs & X-rays)

- If there's anything urgent, we will call you right away.
- For other results, you can schedule a follow-up or ask us to mail you a copy.
- If something is abnormal, we may ask you to come in to talk about it in person.
- It takes up to **7 business days** for us to receive your lab results. We will contact you once we have your results.

Referrals

If you need to see a specialist, we're happy to refer you.

- **Emergencies:** Referrals will be made at the time of your need.
- **Non-emergencies:** Please allow **3–5 business days** for the referral. Once it's approved, the specialist's office will contact you to schedule.

Prescription Refills

- Call your pharmacy and ask for a refill or ask them to **fax us** at 503.961.0794 or send an **electronic request**.
- During your appointment be sure to ask for any precipitation refills you may need.
- Allow **48 hours** for refills. Please note requests are processed Monday-Friday; requests that come in after noon on Friday may not be addressed until the following week.
- If we haven't seen you in a while, we may give you a short refill (2–4 weeks) and ask you to book a follow-up visit.

Phone Calls

- We will try to return calls as soon as possible. For non-urgent issues, please be patient.
- If you call or leave a message after 5 p.m., we'll return your call the next business day.

After-Hours Calls

- We rotate coverage with other providers, so you may reach someone different after hours.
- Call only for **urgent matters** that can't wait.
- For **life-threatening symptoms**, call **911** or go to the **nearest ER**.

Email

For **non-urgent** questions only. Email us at: info@stmoscati.org

Payments

- All **co-pays** are due at the time of your visit.
- We accept **credit/debit cards** and **cash**.

Insurance

We will bill your insurance as a service to you. Depending on the benefits of your plan you may be responsible for amounts not covered by your insurance company. Become familiar with the benefits of your plan. You should know the following regarding covered benefits and authorized facilities: Lab & Imaging such as X-ray, CT, MRI, and Ultrasound, preventive services (routine physical), prescription coverage (mail order), and office procedures (wart & mole removal).

Your Feedback Matters

We welcome your feedback, both positive and constructive. It helps us grow as a clinic and can be helpful to us personally as well. We wish to learn from our mistakes and improve on the care we provide. If you feel uncomfortable discussing something with us in person, please send a letter. We appreciate the time you take to keep us informed.

Patient Social Media Policy

At Saint Moscat Clinic, we are committed to protecting the privacy and well-being of our patients, staff, and organization. To ensure a respectful and professional online presence, we have established the following social media policy regarding the use of social media platforms by patients when referencing our clinic, providers, and staff.

1. Privacy & Confidentiality

- Patients are prohibited from posting or sharing any confidential or personally identifiable health information (including images, medical records, or details of their treatment) about themselves or others on social media.
- Patients must not take photos, videos, or audio recordings of clinic staff or other patients without explicit consent.
- Any violation of HIPAA laws or privacy regulations may be subject to legal action.

2. Respectful Communication

- We encourage respectful and constructive feedback; however, offensive, defamatory, harassing, or false statements about our clinic, providers, or staff will not be tolerated.
- Any threatening or abusive comments directed toward staff or other patients may result in termination of services at our discretion.
- Patients are encouraged to share concerns or complaints directly with clinic management rather than posting them publicly on social media.

3. Social Media Reviews & Testimonials

- Patients are welcome to leave honest reviews; however, we reserve the right to respond appropriately to any misleading, false, or defamatory claims.
- Employees cannot solicit or incentivize patients to leave positive reviews.
- Patients should not disclose specific details of their medical treatment in reviews to protect their own privacy.

4. Use of Clinic Branding & Images

- Patients may not use our clinic's name, logo, or branding in any misleading or unauthorized manner.
- Sharing photos of our clinic's interior, staff, or procedures without permission is prohibited.

5. Consequences of Policy Violations

- If a patient is found to be violating this policy, Saint Moscati Clinic may take appropriate action, including requesting content removal, restricting services, or pursuing legal measures if necessary.
- Repeated violations may result in the patient being discharged from care at our clinic.

6. Contact for Concerns

- If you have concerns regarding our services, we encourage you to contact our office directly at 971.273.0679 rather than addressing concerns on social media.
- By engaging with our clinic on social media, patients agree to abide by this policy. We appreciate your cooperation in maintaining a professional and respectful online environment.

Narcotic (Opioid) Prescription Policy

At Saint Moscati, we are committed to providing safe, effective, and responsible care. As part of our mission to support community health and address the national opioid crisis, we have adopted the following policy regarding the use of prescription narcotics for pain management:

We **only prescribe narcotic (opioid) medications** for **short-term use** in the following cases:

- Pain experienced after a **severe, acute injury**.

These medications will be prescribed for a **limited duration** and in the **lowest effective dose** to manage short-term pain.

We **do not prescribe narcotics for chronic pain** or for **ongoing use** beyond the initial recovery period. Lost or missing prescriptions will not be refilled. Please monitor the quantity of your medication and take the smallest dose needed to effectively manage your pain. Keep in mind that after hours we are unable to prescribe, refill, or make changes to narcotic pain medications. Our clinic is actively participating in efforts to reduce the misuse of prescription opioids, prevent addiction, and save lives.

We are committed to helping our patients manage pain using **safe, evidence-based alternatives** whenever possible. These may include:

- Non-narcotic medications
- Physical therapy
- Behavioral health support
- Lifestyle interventions
- Referrals to pain management specialists

If you have questions about your pain management options, our team is here to help you find safe and effective solutions tailored to your needs

HELPFUL INFORMATION

Protect your family and friends: Drugs left in the home can find their way into the hands of children and youth. Keep your family and community safe by getting rid of unused medications right away. Please take medications to your local police station for proper disposal.

Protect the environment: Drugs that are flushed, put down the drain or placed in the trash contaminate our environment.

Save lives: Prescription drug abuse is the fastest growing drug problem in the US and drug overdose has become the leading cause of injury deaths. If you or someone you know is struggling with prescription drug use, get help by calling Oregon's Alcohol and Drug Helpline at 800.923.4357.

This content was adapted from the Oregon Pain Guidance guidelines.

www.oregonpainguidance.org

FINANCIAL POLICY

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

*THIS PRACTICE SERVES ALL PATIENTS REGARDLESS OF ABILITY TO PAY.
DISCOUNTS FOR SERVICES ARE OFFERED BASED ON FAMILY SIZE AND INCOME.
FOR MORE INFORMATION, PLEASE ASK AT THE FRONT DESK.*

Payment is required at the time services are rendered unless other arrangements are made with Management. This includes applicable deductible amounts, co-insurance and co-payments for participating insurance companies. **Co-payments for children are due at time of service regardless of who brings the child in.** Please make arrangements to send payment with the person bringing your child in. You may be required to pay your co-payment before your visit.

Saint Moscati accepts cash, Visa/Mastercard credit, debit, and HRA cards. **We do not accept checks**, except for balances sent in the mail. A \$50 fee will be added for returned checks in addition to fees charged by your financial institution. If we receive a returned check for any reason, we may require cash payments for future visits.

Monthly payments on outstanding balances are required to keep the account current. Patients who have not made payment on their account will be asked to speak with Office Management regarding any past due balances and if there are any issues we can help with. We realize that people experience financial difficulty from time to time. Please contact our office if you are unable to pay your monthly payment, and we will make every effort to extend reasonable arrangements to you until the account is resolved.

Saint Moscati offers a sliding fee schedule for patients with no insurance or for individuals and families with annual incomes at or below 100 percent of the most current Federal Poverty Guidelines. If you or a family member is having difficulty paying for medical expenses, please let our staff know and we would be more than happy to help apply for our sliding fee schedule. It only takes a few minutes of your visit.

Our office will periodically update our patients' personal information files. This is necessary to ensure that insurance is billed properly, and statements are sent to the correct address. Please be patient if you are asked to update your files.

Insurance: We file claims with health insurance companies as a courtesy to you. It is your responsibility to provide us with a current copy of your insurance card at the time of service. We are unable to file an insurance claim on your behalf without this information. You are expected to pay your deductible amounts, co-insurance, and co-payments at the time of service. If your deductible hasn't been met for the year, we may require you to pay in full at the time of your office visit. We will then bill your insurance and refund you any claims that are reimbursed.

We do not file claims for Workers' Compensation. Payment will be required at the time of service. However, we will provide you with a receipt so that you may file the claim yourself.

It is impossible for our office staff to be aware of each insurance plan's specific requirements or to guarantee coverage by any individual plan. We will do our best to assist you, however it is ultimately your responsibility to verify that we are a member of your PPO or HMO network.

Your plan may have limitations on the frequency of services performed or where the services may be performed. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements.

As with any provider's office, any charges you incur at Saint Moscati which are not paid or adjusted by your insurance carrier, will be your sole responsibility

If you do not have insurance or lose your insurance, we will be happy to provide care for you or your family. We provide reduced rates for cash paying patients.

Also, please check with your insurance company to make sure that we are providers in your network. Networks change and are bought out by other companies frequently, so we are unable to guarantee participation in your insurance network. See our [Affiliations](#) page for a general list of plans we accept.

Refunds: Overpayments will be refunded within 30 days of request.

Managed Care: If you are enrolled in a managed care insurance plan (i.e., HMO, PPO), you must receive a referral from our office *before* seeing a specialist. NO retroactive referrals will be given.

If you have any questions regarding our financial policy,
Please contact our office at (971) 273-0679.



HIPPA NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Practice Administrator, at phone (971) 273-0679 or via mail- 1880 Lancaster Dr Ne Suit#104, Salem, OR 97305.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from Saint Moscatti. Your health information may include information created and received by Saint Moscatti, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

- **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that the doctor can help determine the most appropriate care for you.

Different personnel in our organization may share information about you and disclose information to people who do not work for Saint Moscati to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

- **For payment.** We may use and disclose health information about you so that the treatment and services you receive at Saint Moscati may be billed to and payment may be collected from you, an insurance company or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

- **For Health Care Operations.** We may use and disclose health information about you to run Saint Moscati and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you with insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce costs, coordinate and manage health care and services, train staff and comply with the law.

- **Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical care at the office.
- **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us **in writing** (at the address listed at the top of this

Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent serious threats to your health and safety or the health and safety of the public or another person.
- **Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher has access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks.** We may disclose health information about you for public health reasons to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement.** We may release health information if asked to do so by a law

enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially protected information such as HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to Practice Administrator in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your medical record.

If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to the Practice Administrator.

Also, you have the right to request a copy of your health information in electronic form if we store your health information electronically.

We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- **Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if the information is kept by Saint Moscati.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to Practice Administrator.

We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- It is not part of the health information that we keep
- You would not be permitted to inspect and copy
- It is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be 2 pages in length or less and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit your request **in writing** to the Practice Administrator. It must state a time, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask if we do not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to use or disclose the information.

We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to Practice Administrator.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communication, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Practice Administrator. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to copy a paper of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. You may also find a copy of this Notice on our web site.

To obtain such a copy, contact the Practice Administrator.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location(s) with its effective date at the top. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights Region X – Seattle (Alaska, Idaho, Oregon, Washington)
U.S. Department of Health & Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Voice Phone (206)615-2290
FAX (206)615-2297
TDD (206)615-2296

To file a complaint with Saint Moscati, contact the Practice Administrator, at (971) 273-0679 or via mail- 1880 Lancaster Dr Ne, Suite #104, Salem, OR 97305. ***You will not be penalized for filing a complaint.***