



UNITED CRITICAL CARE HIPAA NOTICE OF INFORMATION PRACTICES

EFFECTIVE: 11/01/2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT PATIENT'S OR YOURSELF MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEWIT CAREFULLY.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new notice provisions effective for all protected health information that we maintain. In the event that we make a material revision to the terms of our notice, you will receive communication within 60-days of that a revision has been posted on our website.

How We May Use or Disclose Patient's Health Information

The following describes the purposes for which we are permitted or required by law to use or disclose patient health information without their consent or authorization. Any other uses or disclosures will be made only with patient's written authorization, and they may revoke such authorization in writing at any time.

Treatment: We may use or disclose a patient's health information to provide them with medical treatment or services. For example, information obtained by a provider providing health care services to them will record such information in their record that is related to their treatment. This information is necessary to determine what treatment they should receive. Health care providers will also record actions taken by them in the course of their treatment and note how you respond.

Payment: We may use or disclose patient's health information in order to process claims or make payment for covered services they received under their benefit plan. For example, the provider may submit a claim to for payment. The claim form will include information that identifies the patient, their diagnosis, and treatment or supplies used in the course of treatment.

Health Care Operations: We may use or disclose patient's health information for health care operations. Health care operations include, but not limited to, quality assessment and improvement activities, underwriting, premium rating, management, and general administrative activities. For example, members of our quality improvement team may use information in the patient's health record to assess the quality of care that they receive and determine how to continually improve the quality and effectiveness of the services we provide.

Appointment Reminders: We may use and disclose the patient's health information in order to contact the patient and remind them of an upcoming appointment for treatment or health care services.

Business Associates: There may be instances where services are provided to our organization through contracts with third party "business associates". Whenever a business associate arrangement involves the use or disclosure of patient's health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding the patient's privacy that we require of our own employees and affiliates.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the patient's health information.

Marketing: We may contact the patient to provide appointment reminders or information about - treatment alternatives or other health related benefits and services that may be of interest to the patient.

Required by Law: We will disclose medical information about our patient's when required to do so by federal, state or local law.

Judicial and Administrative Proceedings: If the patient is involved in a legal proceeding, we may disclose their health information in response to a court or administrative order. We may also release the patient's health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the information requested.

Communication with Family or Friends: Our service professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person that the patient identifies in writing, health information relevant to that person's involvement in the patient's care or payment related to their care.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for the patient's care, their location, and general condition.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. We may also disclose medical information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Public Health: As required by law, we may disclose patient's health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Military and Veterans Activities: If the patient is a member of the Armed Forces, we may disclose the health information to military command authorities. Health information about foreign military personnel may be disclosed to foreign military authorities.

National Security and Intelligence Activities: We may disclose the patient's health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose the patient's health information to authorized federal officials so they may provide protective services for the President and others, including foreign heads of state.

Inmates: If a patient is an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose their health information to the correctional institution or law enforcement official to assist them in providing the patient health care, protecting their health and safety of the health and safety of others, or for the safety of the correctional institution.

To Avert a Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to a patient's health and safety or the health and safety of the public or another person.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

Law Enforcement: We may disclose health information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.

Lawsuits and Disputes: We may disclose health information about a patient in response to a subpoena, discovery request, or other lawful order from a court.

Violations of HIPAA Rules and Regulations:

Each employee has the right and responsibility to bring any violations to the attention of the company assigned privacy officer without fear of reprisal. It is the company's assigned privacy officer's responsibility to investigate, correct and educate each employee on HIPPA rules and regulations. At United Critical Care the privacy officer is:

Privacy Officer Information:

Shawna Murdock RN/Office Manager

6040 S Fort Apache Rd #100, Las Vegas, NV, 89148

Phone: 702-476-4900

NPI Numbers. All Healthcare providers will obtain NPI numbers and maintain proper information within the EPPES website.

Other Uses and Disclosures of the Patient's Health Information:

Other uses and disclosures of the patient's health information not covered by this Notice or the laws that apply to us will be made only with their authorization. If the patient authorizes us to use or disclose their health information, they may revoke that authorization, in writing, at any time. If the patient revokes their authorization, we will no longer use or disclose your health information as specified by the revoked authorization, except to the extent that we have taken action in reliance on the patient's authorization.

Our Responsibilities

We are required to:

- Maintain the privacy of the patient's health information.
- Provide the patient with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about the patient.
- Abide by the terms of this Notice.
- Notify the patient if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests the patient may have to communicate health information by alternative means or at alternative locations.

Patient's Rights & Responsibilities Regarding Their Health Information

PATIENTS RIGHTS

Right to Request Restrictions. Patients have the right to request that we restrict uses or disclosures of their health information to carry out treatment, payment, health care operations, or communications with family or friends. We are not required to agree to a restriction.

Right to Receive Confidential Communications. Patients have the right to request that we send communications that contain their health information by alternative means or to alternative locations. We must accommodate their request if it is reasonable, and they clearly state that the disclosure of all or part of that information could endanger them.

Right to Inspect and Copy. Patients have the right to inspect and copy health information that we maintain about them in a designated record set. A "designated record set" is a group of records that we maintain such as Medical, payment, and test results. If copies are requested by a patient, we must agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying; postage; and preparation cost of an explanation or summary, if such is requested. We may deny their request to inspect and copy in certain circumstances as defined by law. If they are denied access to their health information, they may request that the denial be reviewed.

Right to Amend. Patients have the right to have us amend their health information for as long as we maintain such information. Their written request must include the reason or reasons that support their request. We may deny their request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law or is accurate and complete.

Right to Obtain a Paper Copy. Patients have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

Medical Care. A patient has the right to quality care and treatment consistent with available resources and generally accepted medical standards. The patient has the right to that care and treatment in a safe environment.

Respect and Dignity. A patient has the right to considerate and respectful care, with recognition of his/her personal dignity.

Privacy. A patient has the right to privacy concerning his/her own medical care program. Case discussions, consultations, examinations, and treatments are confidential. Those not directly involved in the patient's care must have the patient's permission to be present.

Confidentiality. A patient has the right to expect that all communications and records pertaining to his/her care will be considered confidential, and release of such treatment information shall be only as authorized by current law and military regulations.

Information. A patient has the right to obtain from his/her physician an explanation concerning his/her diagnosis, treatment, procedures, and prognosis in terms the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be provided to appropriate family members or, in their absence, another appropriate person.

Identity. A patient has the right to know, at all times, the identity, professional status, and professional credentials of health care personnel, as well as the name of the health care provider primarily responsible for his/her care.

Consent. A patient has the right to receive from his/her physician information in non-clinical terms necessary to give informed consent prior to the start of any procedure or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to, the specific procedures of treatment, the medically significant risks, complications, benefits involved and the probable duration of incapacitation. When medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient has the right to be advised if the physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

Refusal of Treatment. A patient has the right to refuse treatment to the extent permitted by law and existing government regulations, and to be informed of the medical and administrative consequences of his/her refusal.

Charges. A patient has the right to expect and receive a detailed explanation of his/her total bill, regardless of source of payment.

Changes to this Notice. We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice.

PATIENT RESPONSIBILITIES

In order to give you the best care possible, we need your help. By assuming the following responsibilities, you can contribute to your care in a positive way.

PROVISIONS OF INFORMATION: You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. A patient must promptly inform those treating him/her of any change in his/her condition or apparent adverse reaction to prescribed care.

UNDERSTANDING TREATMENT: You are responsible for informing your health care provider whether you clearly understand a contemplated course of treatment, what is expected of you, and to bring forward any doubts or questions at the time of treatment.

COMPLIANCE WITH PRESCRIBED TREATMENT: You are responsible for your actions if you refuse treatment or do not follow the practitioner's instructions.

RESPECT AND CONSIDERATIONS: You are responsible for being considerate of the rights of other patients and practice personnel, the control of noise, the behavior of persons accompanying you, to include all family members. You are responsible for being respectful of the property of other persons and of the practice. You must conduct yourself in a respectful proper manner.

PATIENT COMPLAINTS AND COMPLIMENTS: The patient has the responsibility to assist the practice in providing the best possible care to all beneficiaries. Patients' recommendations, questions, complaints and/or compliments should be reported to the practice administrator or to the physician directly.

PATIENT SAFETY: The patient as well as his/her visitors has the responsibility to report any unsafe situation that involves health care measures and/or the environment to the practice administrator or to the physician directly.

Understanding Your Health Record/Information

Each time you visit, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care!
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing, and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding of what is in your record and how your health information is used to help you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may assess your health information, and
- Make more informed decisions when authorizing disclosure to others.

FINANCIAL POLICY

Thank you for trusting United Critical Care as your healthcare provider. Our office is committed to providing each patient with quality medical health care. All patients are required to review and sign our Financial Policy prior to seeing the physician. Our office staff will be happy to assist with any questions you may have regarding this policy. A copy of the Financial Policy will be provided to each patient upon request. The following is the Financial Policy for the office of United Critical Care.

APPOINTMENTS

If you are unable to keep your scheduled appointment, please call within the time frames listed below to reschedule or cancel your appointment. You may also cancel in the text reminder sent to your phone.

EXISTING PATIENTS BOOKED FOR FOLLOW UP APPOINTMENT:

SAME DAY RESCHEDULE, CANCELLATION LESS THAN 24 BUSINESS HOURS IN ADVANCE OR NO-SHOW APPOINTMENTS FOR EXISTING PATIENTS WILL INCUR A \$50.00 FEE TO THE PATIENT ACCOUNT

NEW PATIENTS BOOKED FOR NEW PATIENT APPOINTMENT

SAME DAY RESCHEDULE, CANCELLATION LESS THAN 48 BUSINESS HOURS IN ADVANCE OR NO-SHOW APPOINTMENTS WILL INCUR A \$150 FEE TO THE PATIENT ACCOUNT.

Note: Please be advised that same day reschedule, cancellation, or no-show appointment fees incurred are PATIENT RESPONSIBILITY AND WILL NOT BE BILLED TO THE INSURANCE COMPANY). A courtesy call or text depending on your contact preferences indicated in your electronic health record, will be made to patients both 7 DAYS and 72 hours in advance for a reminder of the appointment day and time. Please be advised it is the responsibility of the patient to inform our office staff of any changes regarding patient demographics (contact info, name, address, phone number, etc.), insurance coverage, medications, etc.

FORM REQUESTS

FORMS SUCH AS FMLA, DISABILITY, AND/OR OTHER MISCELLANEOUS FORMS INCUR A FEE OF \$25.00, DUE AT THE TIME THE FORMS ARE SUBMITTED TO THE OFFICE STAFF. Please allow 7-10 business days for completion of forms from the date of submission.

INSURANCE/FINANCIAL NON-INSURED PATIENTS: Payment for services is due in full at the time services are rendered and patient is responsible for all charges incurred.

INSURED PATIENTS: Payment(s) for copays, coinsurance payments and deductible charges are due at the time services are rendered. Insurance coverage is a contract between the patient and the insurance company, and it is the responsibility of their specific benefits, including but not limited to, patient financial responsibility and providers in and out of network with the benefit plan. Please contact your insurance company with questions and/or concerns regarding your plan benefits. A copy of your insurance card and picture identification card are required at the time of service. Please provide our office staff with a copy of your insurance card(s) and/or claims forms that are required by your insurance provider. As a courtesy to our patients, we will bill primary, secondary, and tertiary insurances as applicable and assist in any way we can to get your claims processed. It is the patient's responsibility to inform our office staff of any changes regarding patient insurance coverage, failure to do so could cause delay or denial of insurance payment.

Patient responsibility for all fees incurred during medical treatment include, but are not limited to, copayments, coinsurance payments, and yearly deductibles, as determined by patients' insurance carrier. If the insurance has denied a claim, provided reduced benefits, or insurance has terminated, and the patient does not provide the insurance company or billing department with the information needed in a timely manner, responsibility of payment will be due to the patient. In the event you receive a check from your insurance company (which should have been addressed to United Critical Care) we ask that you endorse the check, making it payable to United Critical Care, Inc. Please mail the check to our office, along with a copy of your Explanation of Benefits to 6040 S. Fort Apache Rd, Suite 100, Las Vegas, NV, 89148. Upon receipt of the check and EOB we can then apply payment properly to your account.

PAYMENT OPTIONS Accepted forms of payment include cash, checks, Visa, Master Card, Discover, Diners Club, JCB and American Express. Returned checks are subject to a \$20.00 fee. Payments can be made directly in the office, by credit card over the phone, or mailed in to 1801 W. Olympic Blvd File 1270, Pasadena, CA, 91199. We understand that financial circumstances vary from patient to patient. If you are unable to pay your balance in full, you must call our billing department at (702) 242-6911 to make payment plan arrangements, or if you have any questions regarding your account.

COLLECTIONS POLICY Failure to pay, or set up payment plan, within 90 days of the balance due date, will result in the patient account status to be considered delinquent and transferred to a collection agency. It is patient responsibility for any and all accounts placed with a collection agency including but not limited to collection agency fees, interest rate, attorney fees, court costs, and filing fees retained to pursue this matter. If you have any question regarding the status of your account, please contact our billing department at (702) 242-6911.

I hereby guarantee payment of all charges incurred with United Critical Care, Inc. I hereby assign and direct pay any and all medical services under this claim to United Critical Care, Inc. I hereby authorize

the release of any medical information requested by my insurance company with the above assignment. All insured patients have an assignment of benefits, and I hereby authorize directing the insurance company to remit payments to United Critical Care, Inc.