



925 WESTBANK DRIVE, SUITE 100 • AUSTIN, TX 78746 • PHONE: 512-327-0411 • FAX: 512-327-5437
WWW.411PEDIATRICS.COM

Financial, Vision Screening, and Privacy Policies

Thank you for choosing 411 Pediatrics as your child's healthcare provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy, which we ask you to read, sign and return to us prior to your treatment.

- All patients should provide accurate and complete personal and insurance information prior to being seen.
- All applicable co-pays, personal balances, both current and prior, are due at the time of service.
- We accept cash, checks and MasterCard/VISA credit cards.

Missed Appointments

We will schedule your appointment at the most convenient time possible. As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. Cancellations must be received 24 hours in advance. A failure to present at the time of a scheduled appointment will be recorded in our appointment scheduler as a "no show." The first time there is a "no show," the patient will be sent a letter alerting them to the fact that they have failed to show up for an appointment and did not cancel the appointment. If there is a second "no show," within 6 months, a fee of \$50.00 will be billed to the patient. This fee is not covered by insurance so it will be your personal responsibility. This fee is required to be paid prior to scheduling the patient's next appointment. Three "no shows," in 1 year, result in the termination from our practice. Please help us to serve you better by keeping scheduled appointments.

After Hours

Our office hours are Monday - Friday, 8:00 am - 5:00 pm. In October 2013, we will offer scheduled and walk-in after-hours care on weekends and evenings. In the interim, one of our providers is always available to assist patients. You may call our main number and follow the prompts. There is a charge of \$20 for any phone calls after the office is closed. Please utilize the free patient portal (accessible at 411pediatrics.com) to leave non-urgent messages for the office.

Regarding Insurance

We will participate in most insurance plans. As our participation in plans becomes available, we will make a list of those insurance groups available both at our office and on our website. For some insurances, we accept assignment of benefits, but in all cases require that the guarantor, the person who is financially responsible, is personally liable for all balances not covered by insurance. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the services provided may be non-covered services or may not be considered medically necessary under the Medicaid or other medical insurance companies.

Usual and Customary Rates

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

Co-Pay Balances and Collections

Payment for co-pays, co-insurance and deductibles are due at the time of service. Note: Services performed during after-hours care are considered urgent care and may have a different co-pay, depending on your insurance. Payment is required for past-due balances prior to your next visit. You may be asked to reschedule your appointment if you are unable to make payment. Accounts that are unpaid after 90 days are turned over to a collections agency. Legal fees that we pay to secure past due balances will be added to your account. This fee is not covered by insurance so it will be your personal responsibility. An extra \$30 fee is added to account balances when sent to collections.

Returned Checks

We accept cash, checks and credit/debit cards. For checks returned to us as unpaid by your bank, we will charge a returned check fee of \$25.00.

Referrals

A referral from your provider may be made to an outside specialist. Most referral requests must be approved by your pediatrician, and may require a scheduled office visit. If your insurance does not require an authorization for your referral, you should contact the specialty office directly for an appointment. If your insurance does require approval, we will coordinate the referral for you within 48 business hours.

Transferring of Records

Whether you want copies of your records transferred to another doctor, organization, or for your own personal files, you must authorize all relevant information, requested in writing. Transferring your records to another doctor is free; personal records require payment of a reasonable fee (currently \$20) in advance to 411 Pediatrics. If you wish to have your records transferred to us from another doctor, you will also need to authorize us to receive all relevant information. Transfer forms are available on the patient portal or from our front desk.

Laboratory Services

Labs that we do not perform in the clinic are sent to CPL laboratory. Therefore, if your insurance does not pay the full amount, you may receive a bill from CPL. If you have a question regarding your bill, please call the number listed on your bill. Please communicate with your provider if you have any questions about your lab tests. Laboratory and all other test results may take up to one week. Your provider will contact you by telephone, through your patient portal, or by mail with your results once we receive them.

➔➔ Screening

Some insurances may not cover some screening services for vision or hearing. In that case, the patient will be responsible for paying \$20 for each of those services. To identify vision problems, 411 Pediatrics uses a machine called Pediavision, an automated screening tool, as well as standard eye charts. With this equipment, we can look for the most common, treatable conditions that affect vision and in some conditions may lead to blindness such as: refractive errors (nearsightedness, farsightedness, unequal power and astigmatism), amblyopia (lazy eye), strabismus (crossed eyes) and media opacities (cataracts).

Vision screening does not replace a complete and comprehensive eye examination by an optometrist or ophthalmologist, nor can it detect all eye diseases or conditions. Screening can help identify if your child requires the immediate attention of a vision care specialist. Based on the result we obtain during this screening, we may refer your child to an eye specialist for further evaluation and testing.

While we feel it is of value to offer vision testing, some insurance companies may not cover it. For this reason we are making you aware, in advance of testing, of the cost and the option to have testing performed at the time of your visit, or to decline and have it done at a later date.

Termination from our Practice

Our office values its patient relationships and wants to protect patients' rights. We will only terminate patient relationships with cause and after careful consideration. Reasons for termination include: repeatedly not showing for scheduled appointments; not complying with recommended medical care; being hostile or abusive to staff; or not paying bills in a timely manner.

HIPAA

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: VELINDA VILLA, Clinical Manager, 411 Pediatrics, PA - 512-327-0411

WHO WILL FOLLOW THIS NOTICE?

- 411 Pediatrics
- 411 Pediatrics providers
- All 411 Pediatrics employees

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care at 411 Pediatrics, a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third-party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as "medical information"). It also describes your rights and our obligations regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES. 411 Pediatrics shall:

- Make every effort to maintain the privacy of your medical information;
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- 411 Pediatrics will notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information that presents a significant risk of financial, reputational or other harm to you, to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
- **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.

- **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run 411 Pediatrics in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
- **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, 411 Pediatrics may provide a written or telephone reminder that your next appointment with 411 Pediatrics is coming up.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

SPECIAL SITUATIONS.

- **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
 - To prevent or control disease, injury, or disability;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order or subpoena; or
 - If 411 Pediatrics determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (e.g., to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
- **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for 411 Pediatrics. If you request a copy of the information, 411 Pediatrics may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

411 Pediatrics may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by 411 Pediatrics will review your request and denial. The person conducting the review will not be the person who denied your request. 411 Pediatrics will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask 411 Pediatrics to amend the information. You have the right to request an amendment for as long as the information is kept by 411 Pediatrics.

To request an amendment, your request must be made in writing and submitted to 411 Pediatrics. In addition, you must provide a reason that supports your request.

411 Pediatrics may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, 411 Pediatrics may deny your request if you ask us to amend information that:

- Was not created by 411 Pediatrics, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by 411 Pediatrics;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to Velinda Villa, Clinical Manager. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. 411 Pediatrics 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 medical information 411 Pediatrics uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information 411 Pediatrics discloses about you to someone who is involved in your care or the payment for your care.

411 Pediatrics is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which 411 Pediatrics has been paid out of pocket in full. Should 411 Pediatrics agree to your request, 411 Pediatrics will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to 411 Pediatrics. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit 411 Pediatrics's use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that 411 Pediatrics communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that 411 Pediatrics contact you only at work or by mail.

To request that 411 Pediatrics communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. 411 Pediatrics will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE. We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer .

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with 411 Pediatrics or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with 411 Pediatrics, contact the Privacy Officer at 512-327-0411. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services
Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*

All complaints should be submitted in writing. **You will NOT be penalized for filing a complaint.**

Please sign the accompanying form to acknowledge that you have received the 411 Pediatrics Financial, Vision Screening, and Privacy Policies.