

### **Statement of Privacy Practices**

We, at Gig Harbor Foot and Ankle Clinic, are dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights. We use and disclose information that we collect from you to the Health Insurance Portability and Accountability Act, which includes treatment, payment and podiatry care. We will not give your information to anyone – family or not - without written consent. Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. The only personal information that we will collect is needed to provide quality care, implement payment, conduct normal podiatry practice operations, and comply with the law. This information may include your name, address, telephone numbers, Social Security number, medical history, health records, etc. We may disclose information as required by law if we believe you may be a victim of abuse, neglect, domestic violence or other crimes. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines and postcards. You as the patient have a right to request copies of health information in a variety of formats with a written request. There may be a charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately.

We thank you for being a patient at Gig Harbor Foot and Ankle Clinic. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

### **Office Policies**

At Gig Harbor Foot and Ankle Clinic we strive to provide the highest quality of medical care for our patients. We accept cash, card and checks as payment. If you request services that are not covered by insurance, payment is due in full at the time the services are rendered. Insurance does not cover cold laser therapy and custom orthotics. We offer nail trims **ONLY** on Thursdays. We do have a 15-minute late policy. **If you show up 15 minutes after your scheduled appointment time, we will ask you to reschedule.**

Payment is due at the time services are rendered. Any co-pays, co-insurance, deductibles, or over-the-counter products. Patients have an obligation under their contract with their insurance to pay their portion of healthcare expenses as dictated in their “Summary Plan Document” provided to every patient who has health insurance. **If you do not call to cancel your appointment within 24 hours or do not show up for your scheduled appointment, there will be a \$20 fee.**

Co-Pay: We are obligated to collect the co-pay at the time of your visit, even if you are sick. We are required to do so by your insurance plan. The co-payment amount is determined by your plan. If two different types of services are provided on the same day, you may be asked to pay two co-pay amounts if required by your insurance plan.

Co-Insurance: This is the amount you are required to pay for medical care in a fee-for-service plan after you have met your deductible. And before you have met your out-of-pocket maximum.

Deductible: Some insurance plans require that the patient pays a predetermined dollar amount prior to services being paid for by the insurance.

At no time will co-pays, co-insurance, or deductibles be waived.

Insurance is a contract between you and your insurance company. Your doctor is contracted with most local insurance plans. It is your responsibility to ensure that your doctor is a contracted provider with your insurance. It is your responsibility to be aware of your benefits under the insurance plan and their financial obligation to the physician for services rendered.

Please notify the office of any changes to your insurance. Any insurance information provided to our office that is past the timely filing deadline (period of time in days in which a physician must submit a claim to the insurance after the date the services to a patient were provided) will result in a claim being denied and you will then be responsible for paying for that claim/services rendered. If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a cash pay patient and will be financially responsible for services rendered.

**If your insurance requires a referral and/or pre-certification, it is your responsibility to make sure this has been done prior to the date of your visit**

To request medical records there will be a \$28 clerical fee as well \$1.24 for 30 pages and an additional .94 cents per page after the first 30 pages. These charges cover the administrative costs of copying such records. There could also be an additional fee for shipping and handling depending on the size and weight of the records.