Pain Specialists of America

The Pain Relief SurgiCenter
4100 Duval Road, Building 3, Suite 100
Austin, Texas 78759
(512) 836-1200

HIPAA and PRIVATE PRACTICE

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.

Information about you and your health is personal, and we are committed to protecting your privacy. This notice tells you about our privacy practices, the ways in which we may use and share your health information, and how you can get access to your health information. This notice also describes your rights and our responsibilities regarding the use and disclosure of health information.

Our Uses and Disclosures

We typically use and share your health information in the following ways:

Treat you: We can use your health information and share it with other professionals who are treating you. Examples: we will share health information about you with an ambulatory surgical center where you are scheduled for a procedure; we will share your health information with a healthcare provider to whom you have been referred for further treatment.

Bill for our services: We can use and share your health information to bill and receive payment from health plans and other entities. Example: we will share your health information with your health insurance plan so it will pay for services we provide to you.

Run our organization: We can use and share your health information to run our operations, train medical students, improve your care and contact you when necessary. Examples: we may call you by name in the waiting room when your physician is ready to see you; we may use your health information in our quality improvement reviews.

We can also de-identify your health information and use and disclose such de-identified information for any purpose.

Communicate regarding treatment alternatives or appointment reminders: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

How else can we use or share your health information? We are allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information, see: https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues: We can share information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
  Preventing or reducing a serious threat to anyone's health or safety.
- Do research: We can use or share your information for health research with your consent.

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

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' comp, law enforcement & other government requests: We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Patient Signature Date

Witness Signature Date

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Office and Financial Policy

Thank you for choosing The Pain Relief SurgiCenter. In order to inform you of our current financial and office policy, please read the document below and sign the financial agreement. Our providers, clinical, and office staff are here to help you in any way possible and strive to make your experience with us pleasant and comforting. Keep a copy of this document for your records and should you have any questions please do not hesitate to ask one of our associates.

I assign benefits to be paid by my insurance company directly to the provider of services rendered to me. Furthermore, should the insurance company issue a check in my name I will notify The Pain Relief SurgiCenter immediately and arrange for payment of my balance. Should I cash any check issued by the insurance company meant for reimbursement of services provided to me, I will assume full responsibility of the balance and will pay the balance within 30 days.

I understand my balance will automatically be referred to an outside collection agency should my account surpass 90 days without payment activity. I agree to pay all reasonable attorneys, collection, or returned check fees in the event of default of payment of my charges or balance arrangements. We accept the following forms of payment: cash, credit cards, cashier's checks, money orders, and personal checks.

I understand that the fees quoted to me for my procedure and any payments made the day of my procedure are for the surgery center only. A statement and bill for the professional fees will be sent separately.

I understand that if I opt for anesthesia services provided by MedStar Anesthesia, for my procedure, I will be responsible for all co-pays, coinsurances, and deductibles. I have been informed that this service is billed as out of network with my insurance company.

Please keep us informed of any address, telephone number, or name changes. If we are unable to contact you regarding your bill, we will refer the balance to our outside collection agency. Please notify our office within 24 hours to reschedule or cancel an appointment. This will allow our staff to offer this time slot to another patient in need of an appointment.

Returned Checks

- Returned checks will accrue a $50.00, as well as any applicable bank fees to your account.

Insurance

- It is your responsibility to know your level of benefits for services provided. Being that our providers are specialists, many services are required to have prior authorizations by the insurance company and/or Primary Care Provider.
- Please contact your insurance company before your appointment to ensure proper authorization and an estimate of payment due as we aren't certain what the patient balance will be until the insurance company processes your claim.
- Payment of fees, co-pays, co-insurance and deductibles are due at the time of service. Co-pays are a requirement placed on you by your insurance company and therefore cannot be

waived or reduced. Should you forget or cannot provide your co-pay at the time of the visit; you will be asked to reschedule your appointment.

- You are solely responsible for your balance in the form of co-insurance, deductible, or non-covered services as required by your insurance company.
- You will be contacted prior to your appointment and notified of any balance due on your account and will be expected to bring payment to your appointment. You will be required to make arrangements with the financial counselor if you cannot pay the balance in full.
- Should any balance remain unpaid more than 90 days past the processing date with the insurance company, a statement will be sent to the guarantor of the account and payment will be due upon receipt of the statement.

Worker's Compensation

- Please keep in contact with your adjuster prior to and after your appointment to receive any pertinent information regarding your claim and injury.
- Authorizations may be required for certain procedures and could take up to 1 week to obtain.
- Should your case become closed, undergo peer review, or determined that Maximum Medical improvement has been met you must contact your referring physician and adjuster for written approval before scheduling any appointment or services.

Notice of Physician Ownership. I am not required to use The Pain Relief SurgiCenter and have the right to choose another facility of my choice. I will not be treated differently by my physician if I choose to use another facility. I acknowledge that I understand this notice of physician ownership, I received it prior to the start of my procedure, and I choose to have my procedure at The Pain Relief SurgiCenter.

I have read and understand the financial policy and agree to its terms. I understand that insurance billing is a courtesy provided to me by PS The Pain Relief SurgiCenter and I assume full financial responsibility of the balance I incur. I understand co- pays, co-insurance, and deductibles are due at the time of my visit as well as any prior balance I may owe.

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PATIENT ACKNOWLEDGEMENT FORM

I acknowledge that I have received and/or read the following documents:

Patient Bill of Rights and Responsibilities
The HIPPA Notice of Privacy Practice
Advance directives information/ The Pain Relief SurgiCenter

Policy on Advanced Directives:

Do you have an advance directive? _____ Yes _____ No

Patient Signature Date

Witness Signature Date