



Located at 1339 West 6<sup>th</sup> Street, Erie, PA 16505  
Telephone 814-480-8170 / Fax 814-480-8175

## NOTICE OF PRIVACY PRACTICES

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

\*\*\*\*\*PLEASE READ IT CAREFULLY\*\*\*\*\*

### Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purposes of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Good Health Family Medicine. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical conditions that you may find to be of interest. We may also send you information describing other health related goods and services that we believe may interest you.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing or use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decisions.

## Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information

The right to receive confidential communications concerning your medical condition and treatment.

The right to inspect and copy your protected health information.

The right to amend or submit corrections to your protected health information.

The right to receive an accounting of how and to whom your protected health information has been disclosed.

The right to receive a printed copy of this notice.

## Patient Information Office Policies

### GENERAL INFORMATION

In order to provide our patients with the best quality of care in the most timely manner, we have established some policies to help bring this about. Our office hours are Mon & Tues. 7:00 am to 4:00 pm, Weds. 8:00 am to 7:00 pm Thurs 8:00 am to 4:00 pm and Fri 8:00am to 3pm. A physician is on call 24 hours a day, seven days a week for emergencies.

### OUR POLICIES

**PAYMENT** – Payment in cash, check or credit/debit card (MasterCard/Visa) is expected at the time of service.

A billing fee will be added to all accounts unpaid after 30days.

**CO-PAYMENTS** – We collect co-pays at the check-in window. All insurance and HMO co-payments are due at the time of the office visit.

A copay billing fee of 5.00 will be added to your account when your copay is not paid at the time of service, to offset our billing cost.

**INSURANCE DEDUCTIBLES AND CO-INSURANCE** – All claims are sent to your insurance company. Bills for deductibles and co-insurances are sent out on the 1<sup>st</sup> of every month. These bills are due the 20<sup>th</sup> of the month. Many employers have chosen insurance plans with high deductibles and co-insurance, which result in more out-of-pocket expense to our patients. This has also created additional billing expenses to our practice. Our bills are meant to be paid in full every month. Bills not paid in full, without an active payment plan, will be subject to a 5.00 monthly billing fee. Please contact our office if you need to setup a payment plan. Our goal is to discourage large balances from accumulating. If you have an ongoing unpaid balance, you may be asked to seek care at a walk-in clinic to discourage the accumulation of large balances.

**RETURNED CHECK FEE** – 30.00

**INSURANCE** – Please check with us prior to seeing the doctor to make sure we accept your insurance plan. This is especially important when you have had a change in insurance carriers. Dr. Polon is a primary care provider; therefore, some insurances may require you to make us your PCP in order for us to treat you. Our office CANNOT guarantee that your carrier will pay for your claim.

If your claim is denied, the obligation for payment is the responsibility of the patient.

If the insurance company mistakenly sends payment to the patient instead of the physician, the patient is required to provide payment within 10 days to the office.

BILLING – Billing is performed within our office; if you have a problem with a claim or bill please contact our office manager, Rachel.

CASH PAYMENT-NO INSURANCE - Dr Polon's cash payment policy is designed to allow those without insurance to receive the quality medical care they need, but to discourage accrument of a large balance. We are a small office and can not afford to extend large amounts of credit.

#### Established Patients:

You may not get behind more than one office visit charge without a monthly payment of ¼ of your balance. Example: if your visit charge is 80.00 your monthly payment would be 20.00 (the first installment would be due at the time of service). Taking into consideration that you may need a follow-up, we will allow that charge to be added to your account.

If payments are not received each and every month, you will be directed to the Emergency Room for emergency care or asked to find another physician.

\*\*\*\*A discount will be given only if the visit is paid in full, at the time of service (with cash or a credit/debit card). \*\*\*\*\*

#### New Patients:

Upon making appointments, new patients are given our pricing and told payment is needed prior to service. We do not extend credit to new patients. After your initial visit, you will be considered an established patient.

OFFICE VISITS – Office visits are made by appointment only. We do not take walk-ins unless Dr. Polon has spoken directly with the patient and advised him/her to come in. The office is extremely busy and we try hard to accommodate everyone. In general, we prioritize appointments as follows:

Emergencies and urgent care are seen the same day

\*Semi-urgent problems will be scheduled within 2-3 days.

\*Routine physicals, paps, follow up visits for chronic medical problems will be seen within one month of time requested.

The nature of our practice is to give our patients the best possible care and service. Please be assured that you will be attended to as promptly as possible and be given the same careful attention as those who came before you.

**FAILURE TO KEEP APPOINTMENTS** – We kindly ask you to give us 24 hours notice if you will be unable to make your scheduled visit. You will be charged a \$20.00 fee each time you neglect to cancel your appointment, or cancel without 24 hours notice; \$40.00 for physical, PAPs or procedures requiring a longer appointment time. After three times of failing to notify us that you will be unable to keep your appointment, you will be required to select a different office for your medical care.

**PHONE CALLS** – Dr. Polon is very busy during office hours, therefore, she is unable to be disturbed to answer or return calls unless it is an absolute emergency. If you need to speak to the doctor or nurse, please leave a detailed message and phone number with the receptionist and someone will return your call by the end of the work day. If you need to speak to the doctor after hours for emergencies only, the on call physician will be paged and return your call. Patients who abuse this privilege will be asked to find medical services elsewhere.

**ANSWERING SERVICE** – The answering service is in place for emergency coverage only. Please do not contact the answering service for non-emergent messages; they must page the doctor on call for every call. Refills, lab results and questions are not considered emergent. Chest pain, bleeding, shortness of breath are some examples of emergencies.

**LABS** – In general, the nurse will call you with any abnormal lab results. On occasion, if the physician will need further lab work, a repeat physical exam, or to change your treatment plan she may require you to follow up in the office to review the lab work. For most normal lab results you will either be contacted by the nurse or these may be reviewed with you at your next visit. The lab company bills independently for these services.

**PRESCRIPTIONS** – If you need a refill, please call before you are completely out or almost out of the medication. The on-call doctors do not call in prescriptions after business hours, and may be unable to prescribe a new medication for an acute problem without seeing the patient. Let us know the name of the medication, dosage, how many tablets daily, and the name and number of the pharmacy. If you have not seen the doctor recently, you may need to make an appointment to review your medical history and make any necessary changes before your prescription can be refilled. Some prescriptions require preauthorization from your insurance company and this may take up to a week, so please call well in advance of your needs. We ask about refills at every appointment and give you enough refills until your next appointment. This should alleviate the need for refills in between appointments.

MEDICAL FORMS – There will be a \$5.00 fee charged for filling out a variety of health related forms brought in outside of your scheduled appointment. There is no charge if the forms are presented during your appointment. This includes letters that are written on your behalf.

DRUG ABUSE AND ADDICTION – The doctor may refuse to issue a prescription if she is concerned that a patient may be abusing a medication. If we determine that treatment for addiction or abuse is necessary, we will assist the patient in making the appropriate arrangements. Patients who continue to abuse medications despite ample warnings or refuse to comply with a rehab program will be asked to find medical services elsewhere.

REFERRALS/PreAUTHs – All referrals are now done via the internet, therefore, we need ample time to process this information for you. We need at least one week advance notice for all referrals.

PreAuthorization of tests or medications also take about one week, this may delay your treatment, but be advised the delay is on your insurance companies end. All complaints about delays and denials need to be addressed with your insurance company. We are just as frustrated with these delays in treatment as you are.

LIVING WILLS & POWER OF ATTORNEY- Please inform us if you already have these items completed that pertain to your health care. You will also be given information regarding advance directives when you become a new patient in our office.

### Good Health Family Medicine's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for the revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

### Requests to Inspect Protected Health Information

As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our office.

### Complaints and Contact Person

If you would like to submit a comment or complaint or need information about our privacy practices, you can do so by sending a letter outlining your concerns to:

Rachel Owens

Good Health Family Medicine  
1339 West Sixth Street  
Erie PA 16505

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

### Effective Date

This notice is effective on or after 7/1/2005.

Updated 02/01/2008

Updated 02/01/2009