

OFFICE POLICY

We would like to take this opportunity to welcome you to this office since there are several regulations, which we must follow with respect to HMO and Managed Care. Please take this time to review our policies.

1. New Patients

If you have never been seen in this office, you will be asked to complete several information forms. At this time, it is imperative that you present the receptionist with your insurance card and driver's license.

2. Co-payments

Co-payment is expected at the time of your appointment in cash. No billing is feasible for these small amounts and failure to pay at the time of your visit may result in termination from this office. We do not accept credit or debit cards for amounts under \$20.00. We do not accept checks – no exceptions.

3. Referrals

As part of the HMO process, your primary physician must determine if a referral is indicated. Without first obtaining a referral from this office, your visit to a specialist will not be covered and you will be responsible for the bill from the specialist. This includes all covered services outside the office: X-ray, lab, etc. Also, only physicians in the participating provider directory are covered.

4. Lab

You will be required to come in for your lab results.

Please allow 7 to 10 working days for obtaining a routine referral before making an appointment with the specialist. Make sure you have the referral authorization form or authorization number needed. STAT referrals will be done within 24 to 48 hours. There is a \$10.00 charge on any referral not used or from those we have to redo.

Signature _____

ADVANCE DIRECTIVES

A document called a Living Will advises your family and physicians of your desires should you become incapacitated and unable to make decisions regarding your healthcare.

Have you prepared a living will? Yes _____ No _____

The foregoing recommendations are for healthy individuals without symptoms of illness. Special conditions may change the frequency and the type of tests you desire.

Please sign below to acknowledge that you have read and understand this information.

Signature Print Name Date

Notice of Privacy Practices – Short Form

Our practice is committed to educating our patients about healthcare issues that affect them. As a result, we are providing you with general information about the Privacy Rule. A federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy. Our practice is complying with HIPAA's regulations.

What is HIPAA and how does the Privacy Rule affect you?

When the Health Insurance Portability and Accountability Act HIPAA was passed in August of 1996 this gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to be compliant with this regulation on April 14, 2003. Under the Privacy Rule you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

What is the individually Health Information (IIHI)?

Any health information you provide our practice, including your mailing address. Information that is created and retained by our practice or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual.

What is the Notice of Privacy Practice?

Our practice has an official Notice of Privacy Practice posted in our waiting room informing our patients about their rights surrounding the protection of your IIHI and our obligations concerning the use and disclosure of your IIHI.

If you have any questions regarding this notice or our health information privacy policies, please contact one of the following:

Intermed of Coconut Creek, Inc
5355 Lyons Road
Coconut Creek, FL 33073

Intermed of Boca Raton, Inc
106 NE 2nd Street
Boca Raton, FL 33432

C.L.S.C, Inc.
1770 Hallandale Bch Blvd
Hallandale, FL 33009

I have read the short notice provided by Intermed of Coconut Creek, Inc, Intermed of Boca Raton, Inc, or CLSC, Inc. 's practice and have been informed of how to obtain more information regarding our Notice to Privacy.

Signature PRINT NAME OF PATIENT