

Buckhead Internal Medicine, P.C.
Patient Consent for Use and Disclosure
of Protected Health Information

I hereby give my consent for Buckhead Internal Medicine, P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Buckhead Internal Medicine's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent.

Buckhead Internal Medicine, P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Buckhead Internal Medicine, P.C., Attention Privacy Officer, 35 Collier Road, Ste. 150, Atlanta, GA 30309.

With this consent, Buckhead Internal Medicine, P.C. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Buckhead Internal Medicine, P.C. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, Buckhead Internal Medicine, P.C. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Buckhead Internal Medicine, P.C. restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I am consenting to Buckhead Internal Medicine, P.C.'s use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not agree with this policy or later revoke it, Buckhead Internal Medicine, P.C. will decline to provide treatment to me.

Buckhead Internal Medicine, PC

Administrative Policies

Welcome to our practice! The following pages provide information about our business practices, and will be helpful in addressing the most frequently asked questions. Your understanding of our policies will ensure that we meet your expectations and provide the safest, best care for you! Please sign a copy for us and retain one for your records.

COMMUNICATIONS

Our voicemail system is available during business hours to direct your call to the appropriate staff member. Please leave a brief message with your request or concern on our system between the weekday hours of 8:30 -4:30. Non-urgent clinical calls will be returned by the end of the business day, if at all possible. You may also reach us by email at info@buckheadinternalmedicine.com. Please do not use email for urgent communications. For more information about our practice please visit www.buckheadinternalmedicine.com.

TELEMEDICINE

We do not practice Telemedicine: when you are ill, the best and safest way to address your concerns is to examine you in our office.

CANCELLATIONS

We ask for 24 hours notice if you are unable to keep your appointment with us, as that time has been reserved for you. If you miss your appointment or fail to notify us 24 hours in advance, you may be charged a \$50 no show fee.

PRESCRIPTION REFILLS

Buckhead internal Medicine does not refill prescriptions by phone. At the time of your appointment, you will be provided with sufficient refills of scheduled medications to last until your next appointment. If you find yourself out of refills, it is most likely time to schedule your next appointment. An administrative charge of \$15.00 may be charged if we must call in prescriptions for routine refills outside of your expected follow-up time.

MEDICAL RECORDS

When warranted, we send pertinent records free of charge to consulting physicians. If you request comprehensive records, our copying charge is determined by the number of pages copied and is regulated by the state of Georgia.

REFERRALS

Many HMO and POS plans require that you see your primary care physician prior to seeing a specialist; it is your responsibility to understand the rules regarding access to specialists for your specific plan. We are happy to work within these guidelines. Please be aware that electronic referrals need to be completed prior to your specialist appointment and may take up to 48 hours to complete.

MISCELLANEOUS REQUESTS

If you ask your physician to assist you with additional expertise outside of your appointment time (such as letters, appeals for medications or procedures, medical forms, etc) you may be billed for our time.

PATIENT ACCOUNTS

- **Insurance** - You agree to present your valid insurance card at each visit. If you do not have your insurance card you may need to reschedule or pay for all applicable charges prior to being seen. You agree to provide accurate up to date insurance information. If your claim is rejected due to incorrect or coverage not in effect, then you are responsible for the charges. If BIM is unable to establish your insurance at time of visit, you are considered a Self Pay and you are responsible for payment at time of the visit.
- **Self Pay** – All self pay expenses are due at time of visit. This expense will vary based on the complexity of your visit and additional labs.
- **Co-payments/Deductibles** – Co Pays are due at time of appointment. It is your responsibility to know your insurance plan. All co-insurance, deductibles, and non-covered expenses will be paid in accordance with our office policies.
- **Patient Statements/Balances** – Our office sends Patient Statements each month. Payment in full is due upon receipt of statement. You understand that if we participate with your insurance company the sending of a statement

may be delayed until your insurance company responds to claims for service. Such a delay does not alter our policy of patient financial responsibility. A late fee may be charged for accounts past 30 days old.

- **Returned Check Charge** - There is a \$30.00 charge for returned checks.
- **Accident & Workers Comp** – Although our office is happy to treat your medical conditions, if the cause is related to auto or work related accident you will be required to pay in full at the time of visit.
- **Collection and Bank Fees** – Accounts more than 90 days old are subject to transfer to an outside collection agency. These agencies charge fees. You agree to be liable for all such collection expense, legal fees, and court costs.

PATIENT DISCHARGE

The Practice reserves the right to discharge a patient for any reason. Please note that discharge may occur for failure to meet the obligations under this document. In addition, because of care quality considerations, the practice may discharge you for failure to comply with treatment plans outlined by your practitioner.

I acknowledge that I have received a copy Buckhead Internal Medicine's Consent for Use of Protected Health Information Policy (Form: BIM 2013 A) and Administrative Policies (Form: BIM 2013 B).

I agree with their policies and hereby give my consent for Buckhead Internal Medicine to use and disclose protected health information about me to carry out treatment, payment and healthcare operations.

Patient's Signature

Date

Signature of Responsible Party

Date