



Union Mill Pediatrics, P.C.

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UNION MILL PEDIATRICS POLICIES, INFORMATION & PATIENT RIGHTS

Welcome to our practice! We at Union Mill Pediatrics are dedicated to the care of your child from birth to twenty-one years. We are currently staffed with four physicians and several support staff. We pride ourselves on bringing a caring, personal approach to each patient. Since we are a small practice we are able to offer individual attention and develop personal relationships with our patients and their families.

Below is some helpful information about our office and office policies. Complete information is located on the back of your child's registration form and on our website in the forms section

We strive to make same day appointments to cater to your sick child. Our office is open from 8am to 5pm Monday through Friday. We understand that sometimes you may be late for an appointment. As a policy if you arrive after your appointment time, we will need to reschedule the appointment as it disrupts the schedule for the other patients.

We offer well visits and sports physicals daily. Our practice offers specialized consultation appointments devoting extra time for many issues such as: behavior, attention (ADD/ADHD), school and learning concerns and other chronic medical issues. It is recommended that you call well ahead of the appointment time you would like, especially during the months of August and September as appointments are in high demand at these times. Because well visits and consultations require additional time for our physicians and support staff a fifty dollar fee will be charged if you miss these appointments. A thirty-five dollar fee will be charged for missing a sick appointment. We understand sometimes your plans change so you may cancel your appointment if needed: forty-eight hours prior to a consultation, twenty-four hours prior to a well visit and two hours prior to a sick appointment without being charged.

Our scheduled office hours are from 8am to 5pm Monday through Friday. If necessary the doctors' will come in on Saturday mornings for urgent visits. The phone lines for scheduling Saturday appointments are open from 8:30am to 10am on that day. A receptionist and other regular services are not available during this time. For these additional hours a fee of twenty-five dollars will be billed to your insurance company. If this fee is not covered by your insurance, it will be billed to you.

As a free service to you we have a nurse available from 8am – 5pm to make appointments and give advice. From 5pm-8am we have a nurse triage service available for urgent concerns for which a ten dollar administrative fee will be charged to your account. One of our physicians is available twenty-four hours a day as a back up to the nursing services.

We are happy, as a service to you, to bill your insurance company directly for the services rendered here in the office. Usually billing occurs within two weeks of the appointment. To keep things running smoothly we require your co-pay at the time of your appointment. We ask that you be aware prior to your appointment how much your co-pay is for your particular insurance. If you do not know how much you need to pay or if you are unable to pay at the time of the visit a billing fee of ten dollars will be added to your account. In addition any outstanding bills not covered by insurance, will be billed to you by mail. We are billing as a courtesy to you and appreciate a timely response to the billing statement. If we are required to bill you three times we will add a twenty-five dollar fee for the third bill and each bill thereafter. If there is a concern about coverage, we would be happy to help you handle it, but advise you to discuss the matter with your insurance company first.

We are happy to complete referrals for specialist appointments and refill prescriptions for daily use medicines. Please allow a minimum of three to five business days to complete the referral or prescription refill. If the referral or prescription refill is needed in less than three business days an administrative fee of ten dollars will be charged to your account.

We gladly complete physical and sports forms for school or extracurricular activities at the same time as the well visit. If you require these or any other form filled out at a later date we will charge a ten dollar administrative fee to complete the form. If at any point you need a copy of your child's medical record, a thirty dollar fee may be charged.

To make our phone service more convenient for you, we have our phone system outlined below. Our telephone number is 703-802-6304

- #1 Advice nurse for advice or to schedule an appointment for symptoms lasting longer than seven days
- #2 Receptionist to schedule same day appointment for symptoms seven days or less
- #3 Well check up appointments
- #4 Prescription refills and laboratory results
- #5 Referrals
- #6 Billing Department
- #0 Calling from a doctor's office, hospital, or pharmacy or to reach reception

Welcome to our family here at Union Mill Pediatrics. If you have any questions, concerns or suggestions please don't hesitate to mention it to any of us.

Sincerely,
Karen Hopkins, Practice Manager
and our physicians and staff

Notice of Patient Privacy Rights

This describes how medical information about your child may be used and disclosed and how you can get access to this information.

We are committed to protecting your child's personal medical information for the purposes of:

TREATMENT

- We will provide your child's medical information to healthcare professionals directly involved in his/her care so they understand your child's medical condition and needs.

PAYMENT

- We will provide your child's medical information to third party payers, directly or through a billing service, as they require so that we may get paid for services provided.
- We will tell your insurance company about a treatment your child will receive to determine if your plan will cover it.

HEALTHCARE OPERATIONS

- We will collect, compile, and disseminate your child's medical information to assess our office operations. For example, we may use your child's medical information to evaluate the performance of our personnel.

We may use and/or disclose your child's medical information, without written consent from you, in the following instances:

DE-IDENTIFIED INFORMATION

- We may disclose information that cannot be individually identified or that has all identification removed according to law.

BUSINESS ASSOCIATE

- We may disclose information to our business associations (for example, a billing company) if we have assurance in writing that they will safeguard the protected information.

PERSONAL REPRESENTATIVE

- We may disclose information to a person who, by law, can represent you in decisions about your child's health care.

EMERGENCY SITUATIONS

- We may disclose information to get or give emergency treatment, if we try to get your consent but cannot.
- We may disclose information to an entity assisting in disaster relief efforts to coordinate your child's care with their efforts.

COMMUNICATION BARRIERS

- We may disclose information if we are unable to obtain your consent due to an inability to communicate with you, if we professionally judge that your consent is inferred from the circumstances.

NOTIFICATION

- We may disclose information to notify or help notify a family member, a personal representative, or someone else responsible for your child's care in an unforeseen emergency.

REQUIRED BY LAW

- We may disclose information when a law requires it. Disclosure must comply with and be limited to requirements of the law.

CRIMINAL CONDUCT

- We may disclose information to law enforcement officials if it is believed that there is evidence of criminal conduct on our premises.

THREAT TO HEALTH AND/OR SAFETY

- We may disclose information to prevent or lessen a serious or imminent threat to the health and/or safety of your child, a person, or the public.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, HEALTH-RELATED BENEFITS

- We may disclose information to give you appointment reminders or information about treatment alternatives or other health-related benefits and services. We will call your home and leave a general reminder message on an answering machine or with any adult answering the phone.

PUBLIC HEALTH RISKS

- We may disclose information to prevent or control disease, injury, and disability, and to report child abuse or neglect.

HEALTH OVERSIGHT ACTIVITIES

- We may disclose information to a health oversight agency, such as the Virginia State Department of Health, for activities authorized by law, including inspections, investigations, audits, and licensure.

LAWSUITS AND DISPUTES

- We may disclose information to comply with a court or administrative order in connection with a lawsuit or dispute.

MEDICAL EXAMINERS AND CORONERS

- We may disclose information to a medical examiner or coroner who is determining a cause of death.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

- We may disclose information to authorized governmental officials seeking necessary intelligence information for national security purposes authorized by law.

FUNDRAISING

- We do not currently engage in release of information to business associates and/or other institutionally related foundations raising funds for a charitable purpose. However, if we do engage in any fundraising activity, we must include instructions in the fundraising materials indicating how you may decline to receive any further fundraising communications from us.

You have the right to:

REVOKE ANY AUTHORIZATION AND/OR CONSENT, IN WRITING, AT ANY TIME

- To request a revocation, please submit a written request to the Compliance Officer at our office. Revocations can result in the denial of privately offered services.

REQUEST RESTRICTIONS ON CERTAIN USES AND/OR INDIVIDUALS

- We are not obligated to agree to any requested restrictions.
- To request restrictions, please submit a written request to the Compliance Officer at our office.
- In your written request, you must inform us exactly what information you want to limit, whether you want to limit our use or disclosure, or both, and to whom you want the limits to apply.
- If we agree to your request, we will comply with the request unless the information is needed in order to provide your child with emergency treatment.

RECEIVE CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION

- To request confidential communications, please submit a written request to the Compliance Officer at our office.
- We will accommodate all reasonable requests.
- Your request must specify how and where you wish to be contacted.

INSPECT AND COPY PROTECTED HEALTH INFORMATION

- To inspect and copy health information, please submit a written request to the Compliance Officer at our office.
- This right includes access to medical and billing records.
- We may charge you a fee for the costs of manpower, copying, mailing or other supplies associated with your request.
- We may deny you access to medical information, but you have the right to have this denial reviewed, as will be set forth more fully in the written denial notice.

AMEND INCORRECT OR INCOMPLETE PROTECTED INFORMATION

- To request an amendment, please submit a written request to the Compliance Officer at our office.
- You must provide a reason that supports your request for the amendment(s).
- We may deny your request if the information to be amended was not created by us (unless the individual or entity that created the information is no longer available), if the information is not part of the medical information that we maintain, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete.

RECEIVE AN ACCOUNTING OF THE DISCLOSURES OF PROTECTED INFORMATION

- To request an accounting, please submit a written request to the Compliance Officer at our office.
- The request must state a time period, which may not be longer than 6 years and must begin after April 14, 2003.
- The request should indicate in what form you want the list (such as paper or electronic copy).
- The first list you request within a 12-month period will be free but we may charge you for providing additional lists.
- We will notify you of the costs involved and you can withdraw or modify your request before any costs are incurred.

RECEIVE A PAPER COPY OF THIS NOTICE

- To receive a paper copy of this notice, please submit a written request to the Compliance Officer at our office.

COMPLAIN TO US OR TO THE SECRETARY OF HHS IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

- To file a complaint, please submit a written complaint to the Compliance Officer at our office.
- To obtain more information, or have your questions about your rights answered, you may contact our Compliance Officer at 703-802-6304.

This office:

- Is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected information.
- Is required to abide by the terms of this notice.
- Will not retaliate against you for filing a complaint.
- Reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected information that we maintain.
- Reserves the right to revise this notice without prior notification, but will make updated copies available. We will require you to sign a receipt for this, and any revised notices.