



## Billing Information Disclosure

We would like to keep your out-of-pocket expense as low as possible, and we need your cooperation to make that happen.

∞ **The billing information intake forms are necessary for all patients, whether covered by insurance or not. If you have insurance, be sure to fill in your ID# and Group # on the billing information forms and also send a copy of your insurance ID card. Completing these forms improperly may result in an inaccurate estimate and greater than expected out-of-pocket expense for you.**

∞ **Communication.** Our office communicates with patients and their representatives by email, SMS text message, voice (phone) call, and/or mailed letters and statements. Listing your contact information on the billing information form implies that you can be reached using those methods and you are giving our office permission to contact you using the contact methods that you disclose. If any of the contact methods listed are not effective ways to reach you or you would rather that we did not contact you by any method listed on the billing information forms, then please provide an alternate contact method. Our office may send important information that you may be legally responsible for receiving, so please contact us immediately if your information changes.

∞ **Good Faith Price Estimate.** The billing office will reach out to you with a good faith price estimate for routine services by secure email (to the email address on the billing information form) within three business days of receiving your completed billing information forms and copy of your insurance card(s). If you have not received a good faith estimate within four business days of sending your information, please contact our office directly. **Our estimate is based on information provided by you and your insurance company and is not a guarantee of payment.** Final benefit determination will be made by your insurance company after they have received your claim. **We encourage you to contact your insurance company verify your benefits and the terms of your plan.** The billing office provides a [Patient Price Estimate Worksheet](#) for gathering information to verify your benefits. In some cases, a Patient Price Estimate Worksheet completed *before* services are rendered may help to ensure correct payment of your claim(s).

Price Estimate Worksheet: [https://www.professionalpractice.net/files/uqd/29f417\\_101fc75194e64a4aa9330affd97afdf.pdf](https://www.professionalpractice.net/files/uqd/29f417_101fc75194e64a4aa9330affd97afdf.pdf)

∞ **Carve-Out Plans.** Occasionally, insurance plans will carve out mental health benefits to another company. (In other words, you may have medical insurance with one company, but your mental health claims may be processed by another company.) If your mental health benefits are carved out to a company that your provider is out of network with, you may have a higher than expected out of pocket expense for treatment. Please give yourself the opportunity to review your estimate before your first appointment by returning your completed forms with a copy of your insurance card(s) (front and back) at least 10 business days before your first appointment date.

∞ **Changes. Please contact the billing office immediately if anything reported on the Billing Information forms changes.** In some cases, a change of your information may change your out-of-



pocket expense for treatment, even if the type of treatment that you are receiving doesn't change. We may not be able to bill your insurance or warn you of increased out-of-pocket expense if we don't have current information at least 10 days before changes become effective.

**⌘ EAP Benefits.** If you have Employee Assistance Plan (EAP) benefits, your EAP may be managed by a different company than your medical insurance. If you would like to use your EAP benefits, please contact your EAP to make sure that the provider you are seeking treatment with is in your EAP network. Most EAP plans will not pay for services with an out-of-network provider. We cannot bill your EAP if we don't have your EAP authorization information in writing from your EAP administrator prior to treatment. If you want us to bill your EAP, please send a copy of your EAP authorization letter to our office with your Billing Information forms. In many cases, we may not have the option to bill EAP plans retroactively. If you fill out your billing information form with your medical insurance information and do not provide your EAP information, your medical insurance will be billed, and your EAP benefits will **not** be applied.

**⌘ Dual Coverage.** If you are covered by more than one insurance plan, please attach additional copies of the Billing Information form (page 1) completed with your other insurance information and a copy of the front and back of all insurance cards for all plans and policies that cover you. **Please include this information even if you don't think that your other insurance will cover the treatment you're seeking.** If your insurance denies your claim because they think that another payer should be billed first (also known as 'Coordination of Benefits' (COB)), we will send you a statement for the balance due, noting that your insurance refused to pay, indicating that you have another coverage that should be billed first. In that event, you should contact your insurance company and provide the information that they need in order for your claim(s) to be reprocessed, and then contact us with your call reference number from your insurance company to follow up so that your claims can be resubmitted. If we don't hear from you within 30 days of your statement to indicate that you provided the information required by your insurance company and we don't receive updated insurance information from you before the deadline established by your primary insurance company for timely filing, you will be liable for the entire balance of the claim, as established in ORS 410-120-1280(5).

**If you have any questions, please contact the billing office:**

**Phone (541)234-4781 / Email: [intake@professional-practice.org](mailto:intake@professional-practice.org)**

**Mail: PO Box 2022, White City, OR 97503**

Thank you.

*Professional Practice Medical Billing*



## Notice of Privacy Practices – HIPAA Disclosure

Effective January 1, 2023

### Your Information. Your Rights. Our Responsibilities.

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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.**

#### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this Notice of Privacy Practices.



- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or 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.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?



We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health 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.

#### **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’ compensation, law enforcement, and 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.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.



For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **Contact Information for this Notice**

**Name:** Tracy Gonzalez

**Email:** [billing@professional-practice.org](mailto:billing@professional-practice.org)

**Phone:** (541)234-4781

**Mailing Address:** PO Box 503010, White City, OR 97503

Be sure to note your name and the name of the provider that you see in all correspondence.