

PATIENT COPY

GENERAL CONTACT INFORMATION

Normal business hours are 8am-5pm, Monday thru Friday. You may contact our office during normal business hours at 615-447-9880. **Voicemail is not checked and calls will not be returned after hours.** If you are experiencing an emergency after normal business hours, please go to your nearest emergency room or dial 911 if your situation is life threatening. Counseling staff are available 24 hours a day for evaluation and assessment at TrustPoint Hospital by calling 615-848-5850.

RESCHEDULED, CANCELLED AND MISSED APPOINTMENTS

When you schedule an appointment with our office, that time is specifically for you. By making an appointment, you accept responsibility to pay the full fee for the professional time that is reserved for you. Our office has a policy of charging patients for the full cost of any appointment the patient fails to attend **UNLESS THE APPOINTMENT IS CANCELLED AT LEAST 24 HOURS IN ADVANCE.** To avoid charges, cancellations must be made by communicating to the office the patient’s desire to cancel the appointment at least 24 hours in advance of the scheduled appointment time. If you are a no-call no-show for a follow up visit, your credit card will be charged \$75.00. If you are a no-call no-show for an initial appointment, your credit card will be charged \$150.00 upon receipt of your signature on this policy. **Late to visits:** If you are more than 16 minutes late to your appointment with no prior notice, you will need to reschedule the appointment and will be charged for the visit. If you call with notice that you are late, you will be seen as the practitioner can work you into the schedule.

FINANCIAL RESPONSIBILITY

ClearPath Behavioral Health provides two payment options for treatment. We offer a self-pay rate for patients without insurance benefit or who opt not to utilize their insurance benefits, or we will file claims with your insurance company for you. However, you will be responsible for paying any co-pays, deductibles, or fees for services not covered by your insurance. Payment is expected at the time of service, you will be asked to pay either the entire amount or an estimate based upon what we believe your insurance will reimburse. If your account is not paid timely, the Practice reserves the right to discontinue treatment until payment arrangements have been made. If your Practice account, or account with the health care providers listed above is forwarded to a collection agency or attorney: (1) whether or not legal proceedings are instituted, a collection agency fee not to exceed 20% of the account balance or One Thousand Dollars (\$1,000), will be added to your account balance forwarded, and (2) you will be responsible for any court costs, reasonable attorney fees, and interest as allowed by Tennessee statute, incurred in the collection of your account.

Patients electing to either not utilize insurance benefits or without insurance are subject to prepayment for each service before services are rendered according to the following schedules:

Self-Pay Rates MD		Self-Pay Rates NPP		Self-Pay Rates Therapist	
Initial Visit	\$300.00	Initial Visit	\$225.00	Initial Visit	\$175.00
Follow-Up and/or Med Check	\$150.00	Follow-Up and/or Med Check	\$100.00	Psychotherapy up to 60 min	\$100.00
Psychotherapy 1 - 35 min	\$175.00	Psychotherapy 1 - 35 min	\$100.00	Family Session	\$150.00
Psychotherapy 36 - 60 min	\$300.00	Psychotherapy 36 - 60 min	\$200.00		



**Your Information.
Your Rights.
Our Responsibilities.**

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

➤ **See page 2** for more information on these rights and how to exercise them

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

➤ **See page 3** for more information on these choices and how to exercise them

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

➤ **See pages 3 and 4** for more information on these uses and disclosures

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.
- 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/.
- 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.

continued on next page

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.

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
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Do research

- We can use or share your information for health research.
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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.
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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
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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.
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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
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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.
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We will never share any mental health, substance abuse, or HIV / AIDS records without your written permission.

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.

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.

Effective July 1, 2017

This Notice of Privacy Practices applies to the following organizations.

*ClearPath Behavioral Health Clinic
TrustPoint Hospital*

Privacy Officer: April Hodge - 615.848.5704 - april.hodge@trustpointhospital.com