Acknowledgment of Receipt of Notice of Privacy Practices

This is to acknowledge that I have received a copy of the Bala Women’s Health Notice of Personal Health Information Privacy Practices and the Office Policy.

Name: ___________________________________________ Date: _____/_____/______

Signature: ______________________________________ Time: ______________

Signature was not obtained because:
Patient refused to sign.
Patient was unable to sign due to ________________________________
Office Policy

- All patients are asked to arrive on time.

- Your appointment time is scheduled especially for you. If you are unable to keep your appointment, we require 24-hour notice. Patients will be charged $25 for missing an appointment without 24-hour notice. With procedure appointments, we ask for 48-hour notice. Patients will be charged $150 for missing a procedure appointment without notice. There are other patients waiting for those appointment times if you are not coming. Should multiple missed visits occur, our doctor-patient relationship may need to be terminated.

- We will not see walk – in patients as they disrupt schedules.

- Co-payment is due at time of the visit. (Cash, Checks, MasterCard/VISA). There will be a $20 fee for returned checks.

- Prescriptions will not be renewed unless you have seen your doctor within one year. Patients may need to be evaluated more frequently based on medical diagnosis, medications, or illness.

- Patient balances must be cleared prior to the next scheduled appointment unless payment arrangements have been made with the billing manager.

- After-hour calls are for emergencies only.

- Blood draws are done in our office as a courtesy. If it is more convenient for you to go to a local draw site for your lab (Quest, LabCorp) we are able to send an electronic order.

- Results are received and reviewed usually within 2 weeks of your appointment. If you have not heard from us feel free to contact us to check up on your results.

- The fees from the lab company are between you, your insurance company, and the lab company. If you are not aware of what your insurance will pay please call them so you are informed. Do not call this office to discuss your lab bill.
Dear Patient,

A recently enacted Federal Law controls how the medical information you share with your physician and other health care providers may be used. The law, known as the Health Insurance Portability and Accountability Act (HIPPA) requires that all your important medical information be kept confidential and provides you with control over how this medical information may be used.

The attached Notice of Bala Women's Health System Privacy Practices provides a complete description of your rights concerning how your protected health information is used and disclosed. Questions or problems relating to your information may be directed to the appropriate person when you call the office.

Bala Women's Health is committed to providing the highest quality health care. Any of your protected health information collected during the course of your treatment will be maintained as confidential and disclosed for any other purpose only with your consent. The attached Notice provides a more detailed explanation of how HIPPA works and your specific rights regarding your protected health information. Please read the Notice carefully. If you have questions concerning this Notice please feel free to contact anyone at the office.
Bala Women’s Health Information Privacy Practices Notice

This notice describes the policies of Bala Women’s Health, how medical information about you may be used and disclosed, and how you can gain access to your information.

Please Read This Notice Carefully

This Notice Applies to:
- Any Health Care Professional who treats you and enters information into your medical record.
- All employees, staff and other Bala Women’s Health Personal

Bala Women’s Health Practices Regarding Medical Information:
Bala Women’s Health understands that medical information about you and your health is personal. Bala Women’s Health is committed to protecting your medical information. A record is created of the care and services you receive as a Bala Women’s Health patient. This record is needed to provide you with quality care, document the provision of appropriate medical services, and seek reimbursement for those services. This notice applies to all of the records of your care generated, or utilized, by Bala Women’s Health Professional to provide you with healthcare services.

The purpose of this notice is to inform you about the ways in which your health information may be used and disclosed. It also describes your rights and other obligations regarding the use and disclosure of your personal health information.

Bala Women’s Health is required by law to:
- Ensure that personal information is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to your personal health information.
- Follow the terms of the notice that are currently in effect.

How Bala Women’s Health May Use and Disclose Medical Information About You,

For Treatment: Your medical information may be used to provide you with appropriate treatment and services. The physician, nurses, technicians, and other health care personnel involved in your care may have access to your medical records. Medical information may also be disclosed to arrange appropriate medical care after discharge.

For Payment: Personal health information may also be disclosed so that the treatment and services received may be billed to an insurance company or other third party payer such as Medicare. For example, personal health information may be disclosed to the patient’s

Phone: 610-667-6363
Fax: 610-667-5155
E- mail: balawomenshealth@gmail.com
insurance company in order to facilitate reimbursement. Some insurance companies require this disclosure prior to the treatment in order to determine the extent of coverage.

For Healthcare Operations: Personal health information may be disclosed to ensure that Bala Women's Health is providing quality care. Doctors, nurses, technicians, medical students, and other Bala Women's Health may utilize your medical for educational purposes. In such situations, every effort will be made to remove any information which may identify the patient.

Family Members or Other Individuals Involved in Care: Personal health information may be disclosed to family members or friends. Patients wishing to limit the amount of information or restrict information to certain individuals may do so by following the procedures described below.

As Required by Law: Personal health information may be disclosed as required by federal, state, or local law. This may include mandatory reporting to public health officials or the FDA.

Organ and Tissue Donations: If you are an organ donor, medical information may be disclosed to organizations which are involved in organ procurement as necessary to facilitate organ or tissue donations and transplantation.

Health Related Benefits and Services: Bala Women's Health may use and disclose medical information to inform you or recommend possible treatment option or alternatives that may be of benefit to you or remind you of appointments.

Coroners, Medical Examiners, and Funeral Directors: Personal health information may be released to a coroner or medical examiners to, for example, determine a cause of death or identify a deceased person.

Your Rights Regarding Medical Information about You.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be compiled while we are providing care. This does not apply to psychotherapy notes. Requests for the inspections or copying of medical records must be in writing to the office. There will be an appropriate fee for copying. A request for review or copying will be responded to in most instances within 10 days, and may be denied in very limited circumstances.

Right to Amend: You have the right to request that any medical information which is maintained by the facility be amended if it is incorrect or incomplete. Such a request must be in writing to the office. The request may be denied if the request is to amend information that:

- Was not created by Bala Women's Health, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information maintained by Bala Women's Health.
Is not part of the information which you would be permitted to inspect and copy
The information is accurate and complete.
Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" which is a listing of disclosures made of your medical information. Such a request must be in writing to the office. The time frame cannot be longer than six years, and the first request within a 12-month period will be provided at no cost. Appropriate charges will be assessed for additional lists. We will respond to appropriate requests within sixty days.
Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care such as a friend or family member. Such requests must be in writing, clarifying what information is not to be released and to whom you wish the restriction to apply.
Right to Request Confidential Communication: You have the right to request that we communicate with you about certain medical matters in a certain manner or at a particular address. Such a request must be in writing and must be specific. All reasonable requests will be honored.

Complaints

If you believe that your privacy rights have been violated, you may contact that office and speak with the manager or file a complaint with the Secretary of Health and Human Services (1-877-696-6775). You cannot be penalized for filing a complaint.

Other Uses of Medical Information:

Other uses of medical information not covered by this notice will be made with your written permission. This authorization may be revoked by you at any time. We reserve the right to change this notice. Any changes to this notice will be promptly posted in a public area.