

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding the Notice of Privacy Practices

The Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- For purposes of public health and safety;
- To government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by law.

Policyholder Rights. As a policyholder, you have the following rights:

- To have access to and/or a copy of your health information;
- To receive and accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices

If you have a question, concern or complaint regarding our privacy practices, please refer to the complete Notice of Privacy Practices for the person or persons whom you may contact. Please ask the office staff for copy of the Notice.



Notice of Patient Financial Policy

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or supervisor.

- Unless other arrangements have been made in advance by you or your health insurance carrier, payment for office services is due at the time of service. **We accept Visa, MasterCard, Discover, American Express, debit or cash. We do not accept personal checks.**
- As our patient, you are responsible for verifying we have all authorizations/referrals needed to seek treatment in this office. **Be prepared to give us a copy of your insurance card and ID to verify your identity, insurance coverage, and to protect against fraud.**
- We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and **will require you to pay the copay/coinsurance/deductible at the time of service.** We have the allowed amounts for most insurance companies and will collect accordingly.
- If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, all charges for your care and treatment are due at the time of service.
- **All health plans are not the same and do not cover the same services.** In the event your health plan determines a service to be not covered or you do not have an authorization, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services or referrals; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- You must inform the office of all insurance changes. In the event the office is not informed, you will be in charge of any charges denied.
- For most services provided in the hospital, we will bill your health insurance plan. Any balance due is your responsibility.
- There are certain elective surgical procedures for which we require prepayment. You will be informed in advance if your procedure is one of those. In that event, payment is due the Friday before the surgery.
- Past due accounts are subject to collection proceedings. All costs incurred including, but not limited to, collection fees, attorney fees, and court fees shall be your responsibility in addition to the balance due this office.



Patient Behavior Notice

PODIATRY SERVICES is dedicated to delivering patient-centered care with active patient participation. The guidelines below identify behaviors that can interfere with a healthy and safe environment for patient care. By reviewing this document, you acknowledge awareness of PODIATRY SERVICES' behavior expectations in the office, by phone, or through online communication with providers and staff, and understand that failure to comply with these expectations may result in termination from the practice and possible notification of authorities.

Unacceptable Behaviors:

- **Verbal Abuse or Violence:** This includes instances where the patient, family members, or third-party caregivers use disrespectful, disparaging, or demeaning language; issue threats of harm or violence; engage in sexual harassment toward office personnel, other patients, visitors, or vendors; display violent or irrational behavior; physically assault providers or staff; make threats of physical harm; or express anger in a manner that endangers the safety and well-being of anyone present in the office.
 - **Treatment Nonadherence:** The patient fails or refuses to follow the prescribed treatment plan, thereby hindering the provider's ability to deliver appropriate care and potentially compromising patient safety.
 - **Follow-up Noncompliance:** The patient repeatedly cancels scheduled follow-up visits or fails to attend appointments with providers or consultants.
 - **Office Policy Nonadherence:** The patient does not comply with office policies—such as those pertaining to payment obligations, appointment cancellations, or infection-control measures—or engages in recording, photographing, or videotaping within the office without prior consent from all involved parties.
 - **Display of Firearms or Weapons:** The patient, family member, or third-party caregiver brings firearms or weapons onto the premises.
 - **Inappropriate or Criminal Conduct:** The patient demonstrates inappropriate behavior toward providers or staff, or participates in drug diversion, theft, or other criminal activities within the practice.
 - **Nonpayment:** The patient maintains outstanding financial obligations without attempting to set up a payment plan or discontinues agreed-upon payments.
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Exceptions and Special Circumstances:

A patient relationship should not be ended during acute treatment phases, such as immediate postoperative care or ongoing diagnostic evaluation. Patients cannot be dismissed or discriminated against due to limited English proficiency or protected characteristics (race, color, national origin, sex, disability, sexual orientation, age), in accordance with laws like the ADA, Civil Rights Act, and Affordable Care Act.



Notice of Medical Transcription

We are using a transcription service. This is a tool that assists us during patient encounters by generating clinical notes. This tool allows us to focus more on you, the patient, and less on computer documentation. A transcription of our consultation is generated based upon our conversation using AI (artificial intelligence) assistance.

The AI tool adheres strictly to Health Insurance Portability and Accountability Act (HIPAA) compliance guidelines to ensure your data is secured and protected.

California law (AB 3030), effective January 1, 2025