



## **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.**

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## 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.

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### **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.
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### **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.
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### **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.
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### **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.

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**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.

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**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.

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**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.

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**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 the back page.
- 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.

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**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.*

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**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
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**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.

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**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.*

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**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.*

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**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.*

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## Our Uses and Disclosures

### 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).

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#### 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.

*\*We do not keep record of psychotherapy notes.*

*\*We do not give information for hospital directories.*

## 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.

### This Notice of Privacy Practices applies to the following organizations.

*Kitsap Podiatry, PLLC  
10049 Kitsap Mall BLVD NW STE #109  
Silverdale, WA 98383*

*360-698-2505  
www.kitsappodiatry.com*

*Paul W. Aufderheide, DPM*

*Ryan R. Downey, DPM*

KITSAP PODIATRY, PLLC  
FINANCIAL & INSURANCE BILLING POLICY

Please read all 4 pages, then  
SIGN and PRINT the last page.  
Bring it with you, please. (You  
can also email it to us at  
reception@kitsappodiatry.com.)

Thank you for choosing Kitsap Podiatry for your healthcare needs. We are honored by your choice and dedicated to providing the very highest quality care and service to all of our patients.

The following information outlines the responsibilities and obligations of both our office and the patient with regard to patient accounts. It is designed to give you a clear understanding of your financial obligations with regards to payment for services rendered by the physicians of Kitsap Podiatry. We hope that you will recognize that our policy is a necessary part of assuring that the resources required to maintain this health care service are available for our patients and the community. If you have any questions, please feel free to ask us.

### **FINANCIAL RESPONSIBILITY**

You, the patient, (or, if a minor, the patient's guardian/parent), are ultimately responsible for all charges associated with your care regardless of insurance coverage and whether or not they pay. Payment is expected at the time of service.

#### **ACCEPTED FORMS OF PAYMENT**

1. Cash, checks, Debit or Credit cards (Visa, MasterCard, or Discover)
2. Most Health Insurance Plans

### **FINANCIAL HELP**

We offer **Payment Plan Arrangements on balances over \$50.00** which will be set up so that your bill will be paid in full, within 3 to 6 months. Kitsap Podiatry does not have the financial resources to maintain past due accounts beyond 6 months. In special cases, arrangements can be made for extended payment plans, with prior approval from the Manager. For patients on extremely limited income we also have **Charity Care Applications** for qualifying patients who meet the Federal guidelines. Please contact the Billing Dept. or the Manager for more information on any of these services.

### **MISSED APPOINTMENTS**

Your appointment time has been reserved exclusively for you. Missed appointments represent a cost to us and to other patients who could have been seen in the time set aside for you. *Cancellations require 24 hours notice prior to the appointment.* We reserve the right to charge a fee of \$35.00 for missed or late-cancelled appointments, or to charge patients who are excessively rescheduling appointments.

### **TREATMENT OF MINOR CHILDREN**

If a patient is a minor (17 years or younger) the parent/guardian is considered to be the guarantor and is responsible for any payment due, for required authorizations, for insurance information and patient ID cards. The adult is required to accompany their minor child to each appointment and is also expected to bring the above information to every appointment. If your child is 18 years or older, the Billing Office can only discuss billing information (no medical information) on an account, unless written consent is obtained from the patient, regardless, of who is financially responsible.

### **WE BILL INSURANCE**

Kitsap Podiatry will bill your Primary and Secondary insurance (if applicable) as part of the service we provide. You will be expected to pay your co-pay on the day of your appointment. Patients are also responsible for the payment of all coinsurance amounts, deductibles, and all other procedures or treatments not covered by their insurance plan. In the event that your insurance denies payment for services for any reason, including the reasons listed below, you will be held financially responsible for the charges incurred.

- **The care given is not a covered benefit on your insurance plan**
- **The care given is non-emergent**
- **The patient was not eligible for insurance benefits on the day of service**

We want to emphasize that as a medical provider, our relationship is with you, not your insurance company. Your insurance is a contract/agreement between you and the insurance company. Kitsap Podiatry is not a party to that contract. This contract/agreement states that each of you will pay a portion of the charges billed. We have no control over their policy decisions and the amount they decide to pay. And while the filing of insurance claims is part of the service we provide, all charges are your responsibility and you are ultimately responsible for payment of the doctor's bill regardless of the status of your insurance claim.

**Keep in mind that not all the services we offer are a covered benefit in every insurance plan. It all depends on the contract you have with them. You will be responsible for all non-covered services or items.**

**PARTICIPATING INSURANCES** - This office participates with the following insurance plans:

Aetna	Mail Handlers
Blue Cross/Premera	Medicaid & Medicare
Blue Shield/Regence	Labor and Industries
Cigna & Greatwest	Sterling Life
First Choice	Tricare/Triwest
Group Health	Uniform Medical Plan
Kitsap Physician Services (KPS)	United Healthcare

***Patients are required to supply current and/or updated insurance information to our office at all times, in order to bill your insurance. We may not ask you every time, but do require that you bring your insurance cards to every appointment.***

**NON-PARTICIPATING/NON-CONTRACTED INSURANCES**

If you have an insurance plan that this office is not contracted with, our office will file an insurance claim as a courtesy. Please be aware that you may have higher deductibles, and your insurance may make lower payments or deny the charges in full, because you have not received services from a "Net-work Provider." You will be responsible for any of these amounts not paid. However, if no payment is received within 90 days of filing the claim(s), the full amount of all charges will become your responsibility and will be due upon receipt of your 1<sup>st</sup> bill.

**PATIENTS WITH 2 INSURANCE PLANS**

If you have 2 or more insurance plans, no co-pay will be collected from you on the day of your appointment. Both of your insurance plans will be billed and then once the charges are processed, you will be billed for any remaining balance, including co-pays, deductibles and coinsurance amounts not covered by your Secondary Insurance plan, as this will be your financial responsibility.

**PATIENTS WITH 3 OR MORE INSURANCE PLANS**

Kitsap Podiatry will only bill Primary and Secondary insurance plans. We do not bill 3<sup>rd</sup> or Tertiary insurance plans. Please keep the Explanations of payments/benefits your Primary & Secondary insurance mail to you, so you can bill your 3<sup>rd</sup> insurance, if you so desire.

**MEDICARE**

Kitsap Podiatry does accept assignment from Medicare. We will file your primary insurance claim with Medicare, and Medicare will then forward the claim to your secondary/supplemental insurance plan, *provided, this information is given to our office prior to the claims being filed.*

Medicare pays 80% of their "allowed" amount and you will be responsible for the remaining 20% if you do not have secondary insurance. ***It is important to keep in mind that not all secondary/supplemental insurance plans will cover the full 20% balance or the Medicare Annual Deductible.*** You will be financially responsible for any amount your secondary/supplemental plan does not pay, whether in full or in part, such as the deductible and/or co-pays.

**MANAGED CARE & PRIOR AUTHORIZATIONS**

Because our doctors are Specialists, if you are enrolled in a Managed Care insurance plan it is your responsibility to obtain an authorization from you primary care doctor before we will schedule an appointment for you. Back-dated authorizations cannot be obtained from most insurance companies. You are expected to bring this information with you

for your first appointment along with your current insurance cards. It is also your responsibility to *renew your authorization* if more treatment is needed beyond the allowed dates on your original authorization. We suggest you keep copies of all your insurance authorizations (at all times) in order to keep track of how many visits you have available, as well as the dates or time periods they are approved for. Failure to meet your insurance plan's requirement of prior authorization may result in partial or complete denial of insurance benefits, for which you will be financially responsible.

**NOTE: Surgeries and some of the specialized services or products we offer may require an additional prior authorization from your insurance company. In this instance, our staff will assist you in obtaining the needed authorization.**

### **HIGH DEDUCTIBLE PLANS/HEALTH SAVINGS ACCOUNTS**

If you have a High Deductible Insurance Plan or HSA, you will be responsible to pay these out of pocket expenses upon receipt of a billing statement from our office.

### **MOTOR VEHICLE ACCIDENTS**

Kitsap Podiatry does not bill any auto insurance companies for injuries due to motor vehicle accidents. Washington State law allows up to 3 years for an auto accident to be settled, and we do not have the financial resources to wait this long for payment. If you have been in an accident and need medical treatment, please contact your Health Insurance Company and arrange to sign a "**Subrogation Agreement**" with them. Present a copy of this signed agreement to our office and then we will be able to bill your health insurance for your services. Your health insurance will pay us for your charges and will also collect payment from your auto insurance, once your case is settled.

If you are not able to make this arrangement with your health insurance, we will bill you directly. You will be expected to make immediate payment to us in full, upon receipt of our bill. You can then submit a copy of the bill to your auto insurance for reimbursement directly to you.

### **ADDITIONAL CHARGES**

Patients may also incur, and are responsible for the payment of additional charges at the discretion of Kitsap Podiatry. These charges may include, but are not limited to:

- \$25.00 charge for returned checks
- \$35.00 charge for routinely missed appointments without 24 hours advance notice
- A charge for extensive phone consultations
- A \$20.00 charge for copying patient records, plus 0.50 per page after the first 20 pages
- A \$5.00 charge for copying patient x-rays on to a computer disk
- A \$45.00 charge for completion of extensive forms brought in by the patient
- A \$5.00 rebilling fee for charges over 6 months old, unless special extended payment arrangements have been made with the Manager.
- Any additional costs associated with the collection of patient balances

### **PATIENTS WITHOUT INSURANCE**

Payment is expected at the time of service. If you can pay in full on the day of your appointment, a 20% discount will be given on all services. If you are unable to pay in full, a minimum of \$40.00 down is required before you leave and we will bill you for the balance, at the full price. No discount will be extended to you under this circumstance, due to the costs involved with billing and collecting payment.

### **THE COLLECTION OF PAST DUE ACCOUNTS**

Patient accounts are considered past due 30 days following your 1<sup>st</sup> billing, unless other arrangements have been made. Unpaid accounts 90 days from the 1<sup>st</sup> billing are considered delinquent. Any patient with a delinquent account may be denied a future appointment unless paid in full or if a payment plan arrangement, along with the 1<sup>st</sup> payment, is made prior to any future appointment.

Kitsap Podiatry will utilize a combination of collection techniques including, but not limited to, mailed statements and letters, payment plans, and assistance from outside collection agencies.

It is a Federal guideline that we cannot book any type of appointment for you, if your account has been turned over to a Collection Agency or has a "Bad Debt" write off. A Bad Debt is any past due amount that is less than \$25.00 and is not turned over to collections. You must clean up any amounts due either with Kitsap Podiatry or the Collection Agency.

Note: once your account has been turned over to a collection agency, we cannot accept any payment from you, due to the contract we have with them. You will have to send your payment directly to the agency. Contact information can be provided to you.

### **REFUNDS**

Patient/Guarantor credits will be retained on account to be applied to any future balances, for up to 3 months or until all remaining charges are paid by your insurance. Once it is determined that no future appointments have been scheduled and all charges have been paid, a refund will be issued to you, if applicable.

### **MEDICAL RECORDS REQUESTS**

The patient or the guardian will need to complete and sign a Release Form before medical records can be copied and released to you. A \$20.00 per person payment for the first 20 pages and 0.50 cents per page after may be required to cover the cost of our supplies, labor and time. The fee for copying x-rays onto a CD is \$5.00. There is no cost to you if we are simply faxing or emailing your records to another provider. In all the above situations, please allow 1 week for requested record transfers or copying of your medical record.