

NORTH PARK CLINIC, S.C

444 N NORTHWEST HIGHWAY
SUITE 345
PARK RIDGE, IL 60068

DICKIE KAY, M.D.

NOTICE OF PRIVACY PRACTICES & POLICY

INFORMATION NOTICE

The Federal Health Insurance Portability and Accountability Act (HIPAA) was signed into law (Public Law 104-191) in 1996. HIPAA requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards for electronic transactions, including data elements, standard code sets, unique health identifiers, security safeguards and privacy standards. As of this date we are compliant with our Electronic Data Interchange service and the "Privacy Rule". One of the regulations under the Administrative Simplification provisions of HIPAA, is the set of standards regulating the use and disclosure of protected health information. The September 23, 2013 HIPAA Omnibus Final Rule Compliance has also been incorporated by The NORTH PARK CLINIC, S.C. and is in effect.

OUR PLEDGE REGARDING MEDICAL INFORMATION

There are no changes in our office policy. We are simply letting you know, in writing, how we have protected your privacy and that we are in compliance with OCR guidelines. The NORTH PARK CLINIC, S.C. has consistently and diligently protected your confidentiality. As an office policy, we never release information without the signed NORTH PARK CLINIC, S.C. consent form. Our policy pamphlet has been available in the waiting area and is included in the enclosed packet.

OUR LEGAL DUTY

The Law Requires us to:

1. Make sure that your medical information is protected
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of this current notice.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.
3. Before we make an important change in our privacy practices, we will change this notice and make the new notice available to you upon request.

YOUR INDIVIDUAL RIGHTS

You Have the Right to:

1. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information that is contained in our records. To inspect or receive a copy of your medical information, you must give us a request in writing using the NORTH PARK CLINIC, S.C. consent form. We will provide a copy or summary usually within 30 days of your request. We may charge you a reasonable cost-based fee.
2. Request that we place additional restrictions on our use or disclosure of your medical information. For example; you can ask that we only contact you at work or only contact you by mail. We will accommodate all reasonable requests.

PHONE: 847/692-7101.

BUSINESS OFFICE: 847/692-6951

FAX: 847/692/7126

e-mail: npc170@sbcglobal.net

WEB SITE: NORTHPARKCLINIC.com

Phone calls will be answered by a voice mail system.

3. You may submit a signed NORTH PARK CLINIC, S.C. consent form listing persons to whom you have given permission to exercise your rights and make choices about your health information.

4. You may ask us to amend your record if you believe that the medical information we have about you is incomplete or incorrect. You have the right to request an amendment or addendum for as long as the information is kept by or for us. To request an amendment, you must give us a request in writing. In addition, you must tell us why you want to make the change. We may deny your request to amend your record, and respond to this decision within 60 days of your request. We are unable to amend any information that was not created by the NORTH PARK CLINIC, S.C.

5. If you pay for a service or health care item out-of-pocket in full, we will not share such information to your health insurer unless you have granted us permission to release such information. We are not required to agree to this request in the event this would affect your care.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we may disclose medical information. WE WILL NOT USE OR DISCLOSE YOUR MEDICAL INFORMATION FOR ANY PURPOSE WITHOUT YOUR SPECIFIC WRITTEN AUTHORIZATION. ANY SPECIFIC WRITTEN AUTHORIZATION YOU PROVIDE MAY BE REVOKED BY YOU AT ANY TIME BY WRITING TO US AT THE ABOVE ADDRESS.

FOR PAYMENT: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.*(SEE ABOVE)

FOR HEALTH CARE CARRIERS: An insurance claim may be sent to your carrier that will include the procedure code, date of service and your diagnosis. This data is transmitted electronic gateways. These Business Associates must comply with the security and breach notification rules. We may also complete the Outpatient Treatment Reports in order to receive pre-authorized visits which have already been signed by you on the INSURANCE INFORMATION AND SIGNATURE SHEET. Any other requested information will only be released with a current consent form from the NORTH PARK CLINIC, S.C. Specifying that requested information. *(SEE ABOVE)

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact the NORTH PARK CLINIC, S.C. at once. You may also submit a written complaint to the U.S. Department of Health and Human Services for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate in any way if you choose to file a complaint.

DICKIE KAY, M.D.

OUR OFFICE PROCEDURES

APPOINTMENTS: Appointments are made by the doctor. Please leave your name, phone number, a brief message and the time you will be available for the call to be returned.

Patients will be charged the full rate for missed appointments unless 24-hours notice is given prior to the appointment. Emergency situations will also be taken into consideration in the event of sudden cancellations.

PRESCRIPTION REFILLS: Ordinarily, you will receive sufficient quantities of medications at the time of your visit so that calls for refills will not be necessary between appointments. If for some reason you should finish your medications or you need to speak to the doctor before your next scheduled visit, please call 847/692-7101.

FEES AND BILLING:

Payments and co-payments are requested at the time of your office visit. We accept major Credit Cards. The Patient Visit Slip you receive at the time serves as a receipt for payment, indication of the service rendered and a reminder of your next appointment.

At the end of each month, a statement will be sent to you updating your account and your monthly transactions.

If for some reason you are unable to make prompt payments, it is important you notify the office manager at once at 847/692-6951. We are sure a suitable arrangement can be made.

INSURANCE INFORMATION:

PRE-CERTIFICATION:

PARTICIPATING PROVIDERS: Although we participate with many of the Major Insurance Companies, partnering of Mental Health Care is so diversified you will need to contact your Mental Health Carrier regarding our participation status.

MEDICARE:

If you are covered by Medicare, please notify us on your first visit or call the office manager. (If you have a second insurance carrier, please notify the office manager at that time). We will submit all your claims to Medicare and your secondary carrier. We accept assignment and charges determined by Medicare. Your balance will be due after we receive an explanation of benefits from Medicare.

INSURANCE PAYMENT ORDER FORM:

This assignment of benefits provides the payment of benefits to be directed to North Park Clinic, S.C. In the event your carrier stipulates payment to the patient, we request that payment in full and a copy of the Explanation of Benefits be sent to this office upon receipt.

Medical insurance coverage is a contract between you and your insurance company (not the doctor). It must be understood that you are responsible for all charges incurred while under our care. These charges should be PAID IN FULL, 60 days after your insurance claim has been submitted by this office, regardless of insurance payment at that point.

Because of the proliferation of forms and paper work, particularly for third party providers, a fee will be charged the patient for any forms completed by North Park Clinic, S.C. The fee will depend upon the length of the form and the time requiring completion.

Again, if you should have any questions regarding billing or insurance, please feel free to call our business office at 847/692-6951

Thank you.

Dickie Kay, M.D.