



Cosmetic and Plastic Surgery of Central Pennsylvania, LLC

425 North 21st Street, Suite 405, Camp Hill, PA 17011 Phone: 717-695-6553, Fax: 855-383-3233

AUTHORIZATION FOR CARE AND GENERAL ACKNOWLEDGMENTS

For the above patient, I authorize Cosmetic and Plastic Surgery of Central Pennsylvania, LLC to:

- provide necessary medical care
- acquire my prescription history from pharmacies and other physicians
- release applicable medical records to referring and/or family physicians and insurance companies
- use de-identified photography for pre- and post-operative analysis, peer review, educational and marketing
- contact you via your given address, email, and phone numbers
- use de-identified patient information for educational research purposes

I acknowledge that I have had the opportunity to review my HIPAA rights and the office financial policy and that I have been offered a copy of them. I acknowledge full financial responsibility for services rendered by Cosmetic and Plastic Surgery of Central Pennsylvania, LLC whether or not paid by insurance. Furthermore, I authorize Cosmetic and Plastic Surgery of Central Pennsylvania, LLC to file my insurance company for payment and for such payments to be directly paid to this practice. I understand that payment of charges accrued is due at the time of service unless other specified financial arrangements have been made prior to treatment. I agree to pay all reasonable attorney fees and collection cost in the event of default of payment of my charges.

SIGNATURE [PATIENT/RESPONSIBLE PARTY] _____ **Date** _____
Responsible Party Name (if applicable) _____



Cosmetic and Plastic Surgery of Central Pennsylvania, LLC

Theodore T. Foley, MD

FINANCIAL POLICY

For All Patients

Thank you for choosing Cosmetic and Plastic Surgery of Central Pennsylvania, LLC. This information is provided to you for your understanding of our billing policies.

We normally only provide care for patients who have insurance with which we participate. At any time during your care with us, patients having insurance that we do not participate with or who become uninsured are considered self-pay patients and must pay before all office visits (before care is rendered) and/or may be advised to seek care at a facility which participates with his/her insurance. We will provide you with your payment receipt, diagnosis codes, and procedure codes for you to submit to your insurance company.

For Cosmetic Care and Self Pay Patients

Full payment is due before services are rendered. Surgical procedure fees are due two weeks prior to surgery and appointment fees are due upon scheduling. For cosmetic and self-pay patients, we accept cash, check, all major credit cards, CareCredit and Alphaeon.

Once care is given, payment is non-refundable. Partial refund may be given for the services which are not yet rendered.

If you have any medical problems that requires an additional surgical procedure during the post-operative period or beyond, that cost is not covered in the cosmetic quote you are given and will be filed to participating insurances. You may will be responsible for any copay, deductible, out of pocket maximum of your insurance. Self-pay patients who have non-participating insurance will need to pre-pay for that care.

For Participating Insurance Patients

Your insurance policy is a contract between you and your insurance company. *We will submit claims for your care to your insurance company with the information that you provide. If a service is considered non-covered by your insurance company, you will still be responsible for the payment for those services.*

You will still be responsible for payment of deductibles, copays, coinsurance, and non-covered services at the time of service. We file an insurance claim within ~2 weeks of your date of service. If we do not receive a response from your insurance company within 30 days, we will submit a second claim and/or contact your insurance company directly.

If we do not receive a response from your carrier within 45 days, you will receive a standard statement and will need to contact your insurance carrier regarding payment. After 60 days the balance due for medical services rendered will be your financial responsibility. You must pay us directly and receive reimbursement from your insurance company directly.

For Participating Insurance Patient Balances After Insurance Payment

A billing statement requesting payment for any remaining balance after insurance has been processed will be mailed to you. **Your payment is necessary within 30 days of the first billing statement. No further elective care will be rendered until balance is paid in full.** Full payment must be made before another appointment for surgery is scheduled. In the event that a personal check is returned unpaid from your bank, your account will be charged a \$35 returned check fee and immediate payment of the remaining patient balance and that fee are needed. **After 90 days from the first billing statement date, we place unpaid patient accounts in collections.** Patients are then responsible for any collection costs that are incurred which will include an additional fee of \$25. Refusal to pay will adversely affect your credit and tax liabilities.

Minor Patients (under 18 years of Age)

The parent/guardian/adult accompanying a minor child is responsible for payment. The practice requires pre-approval from a parent/guardian for an unaccompanied minor. Any child 18 or over is legally an adult and responsible for their bill. We therefore cannot release financial or medical information to a parent/guardian of a patient over the age of 18 without the patient's written permission. If both parents have separate insurance, please check your insurance policy to determine which company is primary before the appointment.

Cancellation Policy

If you cancel or reschedule less than 2 business days before an appointment, then a \$50 fee may be charged to your account. You may not be permitted to reschedule until that fee is paid.

Missing appointments without properly notifying our practice ahead of time may result in discharge from the practice.

This policy is on our website, patient portal, and in our office. Each patient or his/her guardian acknowledges agreement with this policy when he/she checks into our office for care.



Cosmetic and Plastic Surgery of Central Pennsylvania, LLC

HIPAA Notice of Privacy Practices

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

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

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- To acquire your prescription history
- 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

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.

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

Do research

We can use or share your information for health research.

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.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

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.

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

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.

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.

Other Instructions for Notice

- Effective Date: 11/29/2014
- Privacy Official: Nicole Foley, ph#717-695-6553, fx#855-383-3233
- We never market or sell personal information
- We will honor Pennsylvania and local laws which may further limit the disclosure of patient information.
- This notice also applies to our handling of patient information at the hospitals and surgical centers at which our physician cares for patients.