

**Balcones Dermatology Associates, P.A**  
**8240 N. MoPac Expy, Suite 350**  
**Austin, Texas 78759**  
**Phone: (512) 459-4869 Fax: (512) 453-2795**

Dear Patient,

Attached are new patient forms needed for your upcoming appointment. Please print and complete the first three forms (the Acknowledgement of Receipt of Notice of Privacy Practices, the Patient Information sheet and the Payment Policy) and return them by mail or fax, as soon as possible, along with a copy of your insurance card (front and back). If your insurance requires a referral and you have received it, please enclose a copy of the referral. **We must have a copy of your insurance card (front and back) in order to verify benefits and be prepared for your visit.** The "Notice of Privacy Practices" is for your records and we do not need it returned.

**Please note that patients who do not cancel their appointment 24 hours before and/or miss their appointment will be charged \$25.00 for a missed routine visit and \$100.00 for a missed surgical procedure.**

Thank you, in advance, for your cooperation in assisting us with being prepared for your appointment. We hope your visit is a pleasant one.

Sincerely,  
Balcones Dermatology Associates

**Directions:**

**Park North Building (brown brick, dark glass)**  
**Northwest corner of Steck and MoPac**  
**Steck exit; across Steck from Luby's**

**Going North on Mopac:**

Exit on Steck.

Left at light, getting into the far right lane.

Cross the bridge.

Brown building with dark glass, on your right, just as you cross the bridge. (Luby's is on your left)

Turn into first entrance past the bridge.

Building is "Park North", we are in the second building, "8240", Suite 350.

**Going South on Mopac:**

Exit at Steck or the exit before Steck, which is just under the over passes.

Work your way over to the far right lane.

Just before you get to the light at Steck, enter into the parking lot of "Park North."

**If you can't get over in time**, go ahead and make a right at the light and turn right into the first entrance.

Brown building with dark glass, on your right.

We are in the second building, "8240", Suite 350.

**Going North or South on 183:**

Take the "MoPac South" ramp.

Exit at Steck.

Work your way over to the far right lane.

Just before you get to the light at Steck, enter into the parking lot of "Park North."

**If you can't get over in time**, go ahead and make a right at the light and turn right into the first entrance.

Brown building with dark glass, on your right.

We are in the second building, "8240", Suite 350.

# **Acknowledgement of Review of Notice of Privacy Practices**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

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Signature of Patient or Personal Representative

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Date

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Name of Patient or Personal Representative

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Description of Personal Representative's Authority



## PAYMENT POLICY

### **Private Pay and Non-Insurance**

*For private pay or non-insurance patients, full payment is expected unless prior arrangements have been made.*

Billing information will be provided on request to expedite patient reimbursement from private insurance carriers. Your signature below signifies your understanding of this policy.

### **Insurance**

All professional services rendered are charged to the patient, with the exception of plans for which we are participating providers. In the latter case, we will bill your insurance company and only the patient portion of the visit is due at the time of service. ***If current and/or correct insurance information, including referrals, is not provided and the insurance carrier refuses payment, you will be billed for the visit. If we are not contracted with your insurance carrier, you will be billed for the visit***

Your signature below acknowledges that you understand and agree to the above statements and authorizes the provider of services to release medical information concerning your examination and/or treatment for insurance purposes and to receive direct payment for primary and secondary medical benefits payable to Balcones Dermatology Associates, P.A. for services rendered.

### **Tricare Extra and Standard**

At check-in, you must provide your military I.D. A referral is not required. Payment is due in full at the time of service. We will file your insurance claim and reimbursement will go directly to you, as we are not network providers for these plans.

### **Medicare and/or Medicaid Authorization**

Your signature below authorizes Balcones Dermatology Associates, P.A. to use this document in place of the original, and request payment of medical insurance benefits to the party who accepts assignment. Regulations pertaining to Medicare/Medicaid assignment of benefits apply. I agree to pay any patient portions at the time of service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Medical Release Information**

I authorize any holder of my medical records or billing records be released in order to better serve my insurance companies, or other physicians.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Test Results (“X” one or all if desired)**

\_\_\_\_\_ We may leave test results at phone #: \_\_\_\_\_

\_\_\_\_\_ We may leave test results on your answering machine.

\_\_\_\_\_ We may leave a message for you to call Balcones Dermatology to get your results.

# **Balcones Dermatology Associates, P.A.**

## **Notice of Privacy Practices**

**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.**

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please ask for the administrator.

### **Treatment, Payment, Health Care Operations**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of a specialist. When we refer you to a specialist, we will share some or all of your medical information with that physician to facilitate the delivery of care. Or, since our physicians are specialist, when we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

#### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law. Or, the physician may consult with another physician to assist in providing you the best health care possible.

### **Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

#### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

### **Legal Proceedings and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Workers' Compensation**

We may disclose your medical information as required by the Texas workers' compensation law.

### **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

### **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

### **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

### **Required by Law**

We may release your medical information where the disclosure is required by law.

### **Your Rights Under Federal Privacy Regulations**

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

### **Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send the request to Balcones Dermatology Associates, P.A.

You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

### **Receiving Confidential Communications by Alternative Means**

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to Balcones Dermatology Associates. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

### **Inspection and Copies of Protected Health Information**

Although you may not obtain the original record, you may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to Balcones Dermatology Associates.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes.
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.
- Is subject to the Clinical Laboratory Improvements Amendments of 1988.
- Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. In any event, the *lower* of the fee permitted by HIPAA or the fee permitted by the TSBME will be charged.

### **Amendment of Medical Information**

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to Balcones Dermatology Associates. We will respond within 60 days of your request. We may refuse to allow an amendment if the medical information:

- Wasn't created by this practice or the physicians here in this practice.
- Is not part of the Designated Record Set.
- Is not available for inspection because of an appropriate denial.
- Is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others of the amended information.

### **Accounting of Certain Disclosures**

The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to Balcones Dermatology Associates. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request *before* any costs are incurred.

### **Appointment Reminders, Treatment Alternatives, and Other Health-related Benefits**

We may contact you by telephone, mail or e-mail to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

### **Complaints**

If you are concerned that your privacy rights have been violated, you may contact the administrator for Balcones Dermatology Associates. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services  
HIPAA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

### **Our Promise to You**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### **Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Administrator  
Balcones Dermatology Associates, P.A.  
(512) 459-4869 or fax: (512) 453-2795 or e-mail: [clinic@balconesdermatology.com](mailto:clinic@balconesdermatology.com)

This notice is effective starting April 14, 2003.

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.