Medical Responsibility

We understand that work and other life circumstances may occasionally prevent a parent from coming to an appointment with a child who is under the age of eighteen. We work hard to balance patient needs and our medical responsibility in order to ensure the best health care of our patients who are minors.

Patients under eighteen years old should be accompanied by a parent/guardian when being seen for an office visit.

If a parent/guardian is absolutely unable to accompany a child, then another authorized and responsible adult must accompany them. The parent/guardian must complete a Minor Consent Form with the full name of the responsible party. We will need to see an ID from the accompanying individual. Additionally, the parent/guardian should make every effort to be available to be contacted by phone during the exam by the provider. If permission from a parent cannot be obtained, the child cannot be seen, unless it is a life-threatening emergency.

OIP Orthopedic Institute of Pennsylvania

ARLINGTON ORTHOPEDICS

PERMISSION TO TREAT MINOR PATIENT
(Without Parent/Legal Guardian Present)

The Orthopedic Institute of PA must receive permission, from a child's parent or legal guardian, prior to Providing treatment(s) for preventative care, injury or illness that is non-life threatening. This form provides the Legal permission to treat with an adult present other than the parent.

Patient's Name: _____

Patient's Date of Birth: _____ Today's Date:_____

Delegation of authority for medical treatment of a minor child to the designated representative indicated below: I, (print your name) _____grant The Orthopedic Institute of PA permission to assess and treat the aforementioned minor in the presence of **Either of** the following adults (you may choose more than one), who is authorized to approve treatment:

Name:_____ Relation to minor_____
Name:_____ Relation to minor_____

I also agree to be financially responsible for payment of all charges in connection with the care and Treatment rendered.

NOTE: A parent/legal guardian should be present for a minor patient's first visit

This authorization is valid for:

_____This visit only (date of appointment):_____

_____Until otherwise revoked

Please note: Insurance card(s) and co-pay amounts (if applicable) must be presented at each visit. All patient co-pays, co-insurances and self-payments not paid at the time of service will be billed to the parent or guardian.

Authorized by:_____ Date:_____
Parent or Legal Guardian

Emergency Contact Phone #1 _____

Emergency Contact Phone #2 _____

OIP Orthopedic Institute of Pennsylvania

ARLINGTON ORTHOPEDICS

ACKNOWLEDGEMENT OF PRIVACY PRACTICE NOTICE AND AUTHORIZATION OF DISCLOSURE FORM

1. Acknowledgement of Privacy Practice Notice

I have received a copy of The Orthopedic Institute of Pennsylvania's Notice of Privacy Practices.

_____

Patient's Name Date of Birth

_____

Signature of Patient/Parent/Guardian Date

2. Designation of Certain Relatives, Close Friends and Other Caregivers

I expressly authorize The Orthopedic Institute of PA to disclose certain elements of my (my child's) health information to a family member, close personal friend or other caregiver because such person is involved with my health care or payment relating to my health care unless I specifically revoke such Authorization. In that case, The Orthopedic Institute of PA will disclose only information that is directly relevant to the person's involvement with my health care or payment relating to my health care.

_____ _____

Signature of Patient/Parent/ Guardian Date

I authorize the following person(s) to receive information directly regarding my care.

_____ _____

Name Phone

_____ _____

Name Phone

Revised 12/09/09
Revised 7/12/2010
Revised 2/3/17

THE ORTHOPEDIC INSTITUTE OF PENNSYLVANIA
family of care

OIP Orthopedic Institute of Pennsylvania | ARLINGTON ORTHOPEDICS

The Orthopedic Institute of Pennsylvania
Financial Policy

GENERAL POLICY

The Orthopedic Institute of PA participates with many insurance plans. Patients are responsible for **co-payments, co-insurance amounts and/or deductibles** and payment for services not normally covered by the carrier. Co-pays will be collected at each visit. If co-pays and past due balances are not paid, your appointment may be rescheduled and payment must be made prior to the next scheduled visit. **If you are insured under a plan that we do not participate with and you choose to receive your care with us, we can make arrangements to courtesy bill the carrier; however, the patient is responsible for the bill in its entirety.**

Your insurance plan is a contract between you and your insurance carrier. This contract usually requires a shared responsibility between the insurer and the patient in payment for our services. While we will act on your behalf to obtain payment for our services, once we have exhausted all efforts, the patient is responsible for the balance due. The Orthopedic Institute of PA can develop a payment plan, should this become necessary. Our office also accepts Visa, MasterCard, and Discover in addition to cash, debit cards, and personal checks as methods of payment.

REFERRALS

You are responsible for managing your insurance. If your insurance company requires a referral, it is your responsibility to obtain this through your Primary Care Physician **prior** to your appointment. If you do not have a current, valid referral we may ask you to either reschedule your appointment or pay for the visit at the time of service. If you have any questions regarding your insurance coverage or eligibility, you should call the toll free phone number located on the back of your insurance card.

SELF-PAY POLICY

Patients without insurance coverage who wish to receive care from The Orthopedic Institute of PA must establish a payment plan with us prior to receiving services or immediately after receiving emergency services.

COLLECTION ACCOUNTS

The Orthopedic Institute of PA will make every effort to communicate with you about your account and will present reasonable options for payment. In the event that we involve a third party for collection of an account, we will add an additional fee to your account for administrative costs involved. The additional fee will be equal to ten (10) percent of the uncollected balance. You will not be permitted to return for a new episode of care until you have satisfied the old debt.

CHECKS RETURNED FOR INSUFFICIENT FUNDS

If we receive a returned check for insufficient funds, we will immediately reverse the payment on your account. **A $30 insufficient funds charge will be added to your account.**

DISABILITY INSURANCE FORM COMPLETION

OIP office will complete your disability insurance claim forms. The fee for each form is $10 and must be paid in advance of or at the time you receive your completed form. If you have asked us to mail your form directly to your insurance company, you will be required to pay the $10 fee when you drop the form off at our offices. X-ray copies may be provided at a cost of $5 for a CD or $15 per film.

COLLECTION OF DEDUCTIBLES FOR ELECTIVE SURGERIES

When you choose to schedule a surgery, if you have not met your deductible, you will be asked to pay a portion of that deductible at the time you schedule your surgical procedure. Any remaining balance would be due prior to the date of the surgery.

MISCELLANEOUS

If you are unable to keep your appointment with your provider, you must cancel at least 24 hours in advance or you may be responsible for a no show fee. Failure to cancel your appointment two times may result in the discontinuance of services from OIP.

If you are unable to keep your MRI/Diagnostic Testing appointment, you must cancel at least 24 hours in advance. If you fail to keep your appointment two times, we reserve the right not to schedule you here in the future.

I have read the Financial Policy. I understand and agree to this policy.

_____ _____

Patient/Guardian Signature Date

THE ORTHOPEDIC INSTITUTE OF PENNSYLVANIA
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.

Uses and Disclosures

There are a number of situations where we may use or disclose to other persons or entities your confidential medical information. Your confidential medical information is defined under federal law as "protected health information" ("PHI"). When The Orthopedic Institute of Pennsylvania retains your confidential medical information on its computer system, it is called "electronic protected health information" ("ePHI"). This Notice applies to all PHI and ePHI related to your care that The Orthopedic Institute of Pennsylvania has created or received. It also applies to any personal or general information The Orthopedic Institute of Pennsylvania receives from patients, including information contained on driver's licenses. Certain uses and disclosures will require you to sign an Acknowledgement that you received our Notice of Privacy Practices, including treatment, payment and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures required by law or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

Use and Disclosure without Patient Acknowledgement of this Notice

We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential medical information for the following purposes:

Treatment: We will use your medical information to make decisions about the provision, coordination or management of your health care, including diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your medical information with another health care provider whom we need to consult with respect to your care. We may also disclose certain information to a pharmacist for the purpose of filling a prescription for you, to a physical therapist to provide physical therapy under appropriate circumstances, or to a facility or other providers should you require surgery or other hospital care. These are only examples of uses and disclosures of medical information for treatment purposes that may or may not be necessary in your case.

Payment: We may need to use or disclose information in your medical record to obtain reimbursement from you or your health insurance plan, or another insurer for our services rendered to you. This may also include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for purposes of reimbursement. This information may also be used for billing, claims management and collection purposes together with related health care data processing through our system.

Operations: Your medical records may be used in our business planning and development operations, including improvement in our methods of operation, and general administrative functions. We may also use the information in our overall compliance planning, medical review activities, and arranging for legal and auditing functions.

Use and Disclosure Without Acknowledgement or Authorization

There are certain circumstances under which we may use or disclose your medical information without first obtaining your Acknowledgement or Authorization. Those circumstances generally involve public health and oversight activities, law enforcement activities, judicial and administrative proceedings and in the event of death. Specifically, we are required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases and HIV/AIDS status. We are also required to report instances of suspected or

documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law enforcement officials information that you or another person are in immediate threat of danger to your health or safety as a result of violent activity. We must also provide medical record information when ordered by a court of law to do so.

Authorization for Use or Disclosure

Except as outlined in the above sections, your medical information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental health treatment, drug and alcohol abuse, HIV/AIDS, or sexually transmitted diseases which may be contained in your medical records without your specific written consent and authorization. We likewise will not disclose your medical record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization. Your medical information will not be disclosed for marketing purposes or sold to any third party without your authorization.

Other uses and disclosures of your medical record information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to "take back" any disclosures that we have already made with your permission and that we are required to keep any records of the care that we provided to you.

Additional Uses and Disclosures

Advice of Appointment and Services: The Practice may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may interest you. The following appointment reminders may be used by the Practice: a) postcard mailed to you at your address provided by you; and b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

Individual Rights

You have certain rights with respect to your medical record information, as follows:

1. You may request that we restrict the uses and disclosures of your medical records information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.

2. You may also request a restriction on disclosure of protected health information to a health plan for purpose of payment or health care operations if you paid for the services out of your own pocket, in full. This does not apply to services that are covered by insurance. You are required to pay cash, in full, for the services before the restriction applies.

3. With respect to ePHI, The Orthopedic Institute of Pennsylvania agrees to give you your ePHI in the form and format requested by you, if it is readily producible in that form or format. If it is not readily producible in the form or format requested, we will give you a readable hard copy form. Any directive given to The Orthopedic Institute of Pennsylvania by you to transmit ePHI must be done in writing by you, signed and clearly identify the designated person and location to send the ePHI. The Orthopedic Institute of Pennsylvania will provide you access to your PHI or ePHI within thirty (30) days from the date of request.

4. You have the right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you will be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

5. You have the right to inspect, copy and request amendment to your medical records. Access to your medical records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding or for which your access is otherwise restricted by law. We will charge a reasonable fee for providing a copy of your medical records, or a summary of those records, at your request, which includes the cost of copying, postage, or preparation of an explanation or summary of the information.

6. The Orthopedic Institute of Pennsylvania may deny any request for amendment of your PHI or ePHI if the information was not created by The Orthopedic Institute of Pennsylvania (unless the originator of the information is no longer available to act on your request); is not part of the designated record set maintained by The Orthopedic Institute of Pennsylvania; is not part of the information to which you have a right of access; or is already accurate and complete, as determined by The Orthopedic Institute of Pennsylvania. If we deny your request for an amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

7. All requests for inspection, copying and/or amending information in your medical records must be made in writing and be addressed to "Privacy Officer" at our address. We will respond to your request in a timely fashion.

8. You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health care operations, disclosures that require an Authorization, disclosures incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any 12-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.

9. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically, and to take one home with you if you wish.

10. All requests related to your rights herein must be made in writing and addressed to "Privacy Officer" at the address noted below.

11. You have the right to receive notification from us if any breach of your unsecured protected health information occurs.

Our Duties

We have the following duties with respect to the maintenance, use and disclosure of your medical records:

1. We are required by law to maintain the privacy of the protected health information in your medical records and to provide you with this Notice of its legal duties and privacy practices with respect to that information.

2. We are required to abide by the terms of this Notice currently in effect.

3. We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and medical records we have and continue to maintain. All changes in this Notice will be prominently displayed and available at our office.

Medical Identity Theft Precautions

In order to be vigilant and protect against medical identity theft, The Orthopedic Institute of Pennsylvania requests patients provide a copy of their current driver's license to keep on file. A driver's license contains information that falls within the definition of individually identifiable health information and is therefore PHI. Accordingly, the driver's license and all personal information related to the driver's license will be kept strictly confidential consistent with The Orthopedic Institute of Pennsylvania's HIPAA Privacy and Security policies, and as required by federal and state law.

Complaints

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights with respect to confidential information in your medical records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of a complaint to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints on line at the government's website: http://www.hhs.gov/ocr/hipaa.

This Notice of Privacy Practices shall not be construed as a contract or legally binding agreement. Any noncompliance with any provision of this Notice shall not be construed as a breach of contract, breach of confidentiality, invasion of privacy, misappropriation of name or likeness, violation of any consumer protection law, negligence or violation of any state law. By signing the Acknowledgment of Receipt of this Notice, you agree that the sole legal recourse for our non-compliance with this Notice is to file a written complaint to the Secretary of the U.S. Department of Health and Human Services, and that no complaint or cause of action may be filed in any federal or state court for breach of contract, breach of confidentiality, invasion of privacy, misappropriation of name or likeness, violation of any consumer protection law, negligence or violation of any state law, or under any tort theory.

Contact Person

All questions concerning this Notice or requests made pursuant to it should be addressed to: Ange Hanmer, R.N., Privacy Officer, The Orthopedic Institute of Pennsylvania, 3399 Trindle Road, Camp Hill, PA 17011, (717) 761-5530.

Effective Date

This Notice is effective **April 14, 2003** and applies to all protected health information contained in your medical records maintained by us.