



**PRIVACY POLICY**

On August 21, 1996, President Clinton signed the Health Insurance Portability and Accountability Act, known as HIPPA. This law impacts all areas of the healthcare industry and was designed to improve the efficiency of healthcare by standardizing the exchange of administrative and financial data, and to protect the privacy, confidentiality, and security of healthcare information.

A major concern in the law was the security and privacy of electric health records and their transmission between health care entities. The security consists of more than firewalls Organizations must ensure the confidentiality and integrity of their health records, and transmission of the data must be authenticated and have the property of non-repudiation. Additionally, security policies and procedures must be documented and implemented. Maxem Health Urgent Care has a policy requiring all employees to read and sign a confidentiality agreement. This agreement states that the employee understands that we process confidential data, and that the employee agrees not to directly or indirectly disclose any information in an inappropriate matter. Maxem Health Urgent Care aggressively enforces this and other agreements with entities to which we transmit or from which we receive transactions, such as clearinghouses. Maxem Health Urgent Care will neither pursue and or knowingly retain a customer relationship with an entity that is either unwilling or unable to concur with reasonable privacy and confidentiality obligations.

Maxem Health Urgent Care recognizes that the transfer of medical data must be carried out in a manner that minimizes the risk of inappropriate disclosure and that safeguards the privacy and confidentiality of data that may identify individuals in their roles as patients and consumers. Maxem Health Urgent Care’s corporate policy is to observe all existing state and federal laws and regulations relating to the transmissions, storage, and access of records and other health care data, and to maintain the security and confidentiality of patient-specific information.

**I HAVE READ AND UNDERSTAND THE MAXEM HEALTH URGENT CARE PRIVACY POLICY.**

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BILLING POLICY:**

Our providers are contracted with many of the local and national managed care plans. However, there are some plans that we do not currently have a contract with. If you belong to a plan that we are not contracted with, our insurance/billing office will be glad to file a claim for you with the understanding that full payment is due at the time of service. Your claim will probably be applied to an out of network deductible or totally rejected.

It is important for you to understand that the patient is ultimately responsible for the fees that are not covered by the provider in that case. If you have questions concerning the coverage your plan has with Maxem Health Urgent Care, please call the patient relations with your provider.

The responsible party will also be responsible for any medical equipment (splint, crutches, ace wraps, etc.) and medications not covered by the insurance plan or applied toward deductible. These will be payable at the time of service.

**AUTHORIZATION OF TREATMENT**

I hereby certify that the personal medical information submitted is correct and that I seek medical treatment from Maxem Health Urgent Care and its staff. I hereby authorize such treatment so deemed appropriate and necessary by the physician, licensed nurse practitioner, or physician assistant.

Print Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT AGREEMENT AND CONSENT**

- A) CONSENT FOR TREATMENT AND SERVICES: I hereby authorize the physician, nurse practitioners, consulting physicians, medical personnel, and Maxem Health Urgent Care to furnish any minor surgical, pharmaceutical, and other medical treatment deemed appropriate, ad which in their professional judgement is deemed necessary or advisable in the diagnosis and treatment of my medical condition.
- B) CONSENT FOR USES AND DISCLOSURES OF HEALTH INFORMATION: I consent to Maxem Health Urgent Care and its affiliates using and disclosing my health information for treatment, payment and health operations. I also acknowledge I have received a copy of the clinic’s Notice of Privacy Practices that describes in detail such uses and disclosures as well as my rights with respect to my personal health information.
- C) ASSIGNMENT OF BENEFITS AND REIMBURSEMENT RIGHTS: I hereby irrevocably assign and transfer payment directly to Maxem Health Urgent Care, LLC any benefits payable to me, not to exceed the clinic’s regular charges, including but not limited to automobile insurance, worker’s compensation, homeowners or premises insurance, product liability, health insurance, Medicare, Medicaid and applicable benefit, and agree Maxem Health Urgent Care has the right to make direct demand to third party for such payment. I authorize the clinic to obtain any information they deem necessary, including insurance information and accident reports.
- D) PROMISE TO PAY: I acknowledge I am individually responsible for any and all charges incurred and agree to pay any balance not covered by insurance or benefits programs, including all attorney and/or collection fees and costs necessary to obtain payment of the bill. **WE ARE AN URGENT CARE CENTER AND ADDITIONAL FEES MAY APPLY THAT YOU WOULD NORMALLY NOT INCUR AT YOUR PRIMARY CARE/PHYSICIAN’S OFFICE.**
- E) MEDICARE/MEDICAID STATEMENT OF CERTIFICATION: If applicable, I certify I am an eligible recipient under the Medicaid Program, Title XIX of the Social Security Act. If applicable, I also certify I am an eligible recipient under the Medicare Program, Title XVIII of the Social Security Act. I understand that if I falsely represent and/or provide false documentation to claim eligibility for Medicare, Medicaid, or other government health program benefits, I risk being charged by the government for fraud and if convicted, will be subject to fines and imprisonment.
- F) RETIREMENT OF DATA AND MATTER: I authorize Maxem Health Urgent Care to retire, destroy, or otherwise dispose of x-rays or other data after the customary time span, and to dispose of any medical waste and human tissue in a manner that they deem appropriate.

**I HAVE READ ALL OF THE ABOVE AND CERTIFY THAT I UNDERSTAND AND AGREE TO ALL PROVISIONS.**

Signature of Patient/Guardian/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Reason Patient Cannot Sign on His/Her Own Behalf: \_\_\_\_\_