Harmony Mills Pediatrics

Walk-In Clinic for NON-Harmony Mills Patients

As part of our partnership with the Cohoes City Schools, we welcome all students in the district to our walk-in hours from 7-9 AM (early arrival recommended to get students to school on time, if cleared). We assume consent to confirm that the patient was seen if asked by the school nurse, as well as to confirm the minimum necessary information about ability to return to school. We will confirm highly contagious diseases (strep throat, coxsackie, scabies, gastroenteritis) to the school, but will not discuss any more personal or health information than necessary to permit the nurses to do their jobs (for example: we would never say "oh by the way, she just started birth control"). If you have any questions, or wish to restrict this disclosure, please see us to provide restrictions in writing.

☐ I understand.

Patient's Full Name: _____ Gender: ☐ Male ☐ Female

DOB: ___/___/___ Ethnicity/Race: _____ OR ☐ decline to answer

Local Address: _____
Street City State Zip

Primary Contact Number: _____ ☐ Home ☐ Cell ☐ Work

Regular doctor: _____ Patient's school: _____

Certain tests (urine cultures and throat cultures primarily) must be sent out to an external lab. We primarily use LabCorp for this. We are not responsible for bills sent to you by the lab. If you have any questions or concerns, please contact your insurance prior to checking out. Upon request, we are also able to use Quest Labs.

☐ I understand.

Primary Insurance Company: ☐ CDPHP ☐ Fidelis ☐ WellCare ☐ MVP ☐ BCBS ☐ United HealthCare ☐ NY Medicaid ☐ TriCare
☐ Other: _____ ☐ No Insurance

Is this policy state funded (i.e. Medicaid, Medicare) or privately funded (through an employer? ☑ State ☐ Private

Policy #: _____ Copay Amount: $ _____

Subscriber/Policy holder (if not the patient): _____
Last First DOB Relationship to patient

Authorization and Acknowledgement of Walk-In Clinic Privacy and Billing Procedures for Harmony Mills Pediatrics

These authorizations/acknowledgements cover all services rendered to me, or the patient I am signing for, today and on all future dates of service. I understand I may revoke this authorization by informing Harmony Mills in writing, but if I do so it will not affect charges for any services provided prior to the date the revocation is received by Harmony Mills.

Acknowledgement of Receipt of Notice of Privacy Practices and Authorization to Release Information to Family/Friends or Others

I have received a copy of Harmony Mills's Notice of Privacy Practices. I authorize Harmony Mills to release any information regarding my treatment, including lab results, x-rays, and medical records, to the following individuals/entities (Harmony Mills may not release information or records to any individuals/entities unless you identify them here):

- Cohoes City School District (*limited to clearance to return to school, participate in activities, and confirmation of contagious disease relevant to the classroom*).
- Primary Care Physician identified on the previous page.
- Name: _____ Relationship to Patient _____
- Name: _____ Relationship to Patient _____
- Name: _____ Relationship to Patient _____
- Name: _____ Relationship to Patient _____

Harmony Mills will use the phone number and address on the previous page to contact me regarding my child's treatment, including lab results, x-rays, and medical records. I will ensure this information is up to date at every visit.

Authorization to Treat and Bill

I consent to be treated by Harmony Mills Pediatrics. If I am not the patient being treated, I am authorized to consent to treatment and billing for the patient identified below. I authorize Harmony Mills Pediatrics to bill my medical insurance for the care I receive and to release any information the insurance carrier requires to process this bill. I authorize payment of medical benefits to Harmony Mills Pediatrics, or to outside labs as described, for all services performed and billed by Harmony Mills. I understand that I am responsible for all charges for the treatment I receive at Harmony Mills. I understand that Harmony Mills providers may utilize the Prescription Monitoring Program service at no additional charge to me.

As a courtesy, Harmony Mills will bill my medical insurance. If I do not provide complete and accurate insurance information to Harmony Mills, I understand Harmony Mills may not receive payment from my carrier and I will be entirely responsible for my bill. Even after my medical insurance company pays Harmony Mills's bill, I may owe payment for services not covered by my insurance, or subject to a deductible, and I agree to pay these promptly to Harmony Mills. I understand that Harmony Mills may send lab specimens to an outside laboratory. I authorize any lab performing services for me to bill my medical insurance for their services. I understand that my medical insurance may not pay for all services provided by the lab and I agree to pay any remaining balance promptly to any outside lab providing services to me. I understand that Harmony Mills is not responsible for payment to outside labs for tests provided to me.

To protect my privacy and prevent fraud, I understand that if I cannot provide acceptable photo identification at the time of service, Harmony Mills may choose not to bill insurance and may decline credit/debit cards and checks as a form of payment. I understand that if I fail to pay Harmony Mills for services provided to me, the balance owed may be sent to collections and I may incur collection fees of up to 25% in addition to the amount owed for services/treatment rendered. I understand that I may contact Harmony Mills to work out payment arrangements that may prevent this additional cost.

Signature _____ Today's Date _____

Name of Person Signing Above _____ Relationship to Patient _____

Harmony Mills Pediatrics

Effective January 1, 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Keeping detailed patient records is a critical part of practicing good medicine. During every patient encounter we collect and record a wide variety of information: symptoms, test results, diagnoses, billing data, and more. The law requires us to generally keep this information private and to inform you about how we keep this information private; that is the purpose of this notice. We are required by law to abide by the privacy policy currently in effect and to notify you when changes are made to it. Copies are available at our front desk and on our website, www.harmonymillspeds.com.

Primary ways we use or disclose patient information

We are permitted to use internally and to disclose to third parties patient information when it is for the purposes of treatment, payment, or health care operations. We may use or disclose information for these purposes without additional permission from you.

- **Treatment –** Our staff will use patient information to provide care. We will also disclose information to other medical professionals and organizations providing care to our patients, such as pharmacists, specialists, and hospitals.
- **Payment –** We use patient information to obtain payment for services rendered to our patients; for example, to confirm health plan eligibility or to bill insurance providers.
- **Health Care Operations –** We use patient information to help run our office. This includes reviewing records to assess overall quality of care, using case files for training purposes with our staff, and providing records to licensing bureaus to maintain accreditation. We may also disclose patient information to business associates that assist in the operation of our practice, such as the company that maintains our electronic medical records (EMR) system. Any such business associates must provide us written assurance that they will keep your information confidential.

Additional reasons for us to disclose patient information

There are a number of additional cases in which we are permitted to disclose patient information without your permission.

- **Contacting you –** We may, at our discretion, provide information to you in the form of appointment reminders, suggestions for additional health care services, or similar contacts.
- **Public health purposes –** These include actions such as reporting certain communicable diseases to the health department or other government agencies, notifying individuals of possible exposure to contagion, and reporting adverse reactions to medication, among others. This also includes responding to audits or other requests from government health care programs such as Medicaid.
- **Threats to health or safety –** We may disclose information to prevent serious threats to health or safety. This includes reporting suspected abuse and/or neglect to the appropriate authorities.
- **Law enforcement purposes –** We will disclose information when required by a warrant or subpoena, when someone has reported a crime committed on our premises, or in similar circumstances.
- **Death of a patient –** We may disclose information to coroners, medical examiners, funeral directors, and organ and tissue donation services as needed.
- **Other uses as required by law.**

Harmony Mills Pediatrics

Other disclosures of patient information

Other uses of patient records require advance written permission from the patient or legal guardian, as appropriate. This permission may be withdrawn at any time; such withdrawal must also be in writing. We will not be able to take back disclosures made prior to such a withdrawal. Also, you may not withdraw permission if it was a requirement of obtaining insurance coverage.

Patient rights to their own medical information

Patients (or their legal guardians, as appropriate) are entitled to several rights regarding their own medical information. These include:

- **Requesting disclosure restrictions –** You may request restrictions on uses and disclosures of your records for treatment, payment, and health care operations purposes. Such requests must be made in writing. The law does not require us to agree to these requests. The right to request restrictions does not apply to use or disclosure required by law or when necessary to provide emergency treatment.
- **Requesting confidential communications –** You may request that we provide information to you in a certain way or at a certain place. Such requests must be made in writing. If the request is accepted, you will need to provide information about details such as payment handling and contact method.
- **Inspection of your information –** You may request access to information used to make decisions about you, for the purposes of inspecting such information and making copies. The law permits us to charge a fee for copying costs. This right does not include clinical laboratory data, records from other health care organizations, or information that is being compiled in anticipation of a civil, criminal, or administrative action or proceeding.
- **Accounting of disclosures –** You may request a list of certain instances in which your records have been disclosed. The list will not include disclosures that have been explicitly authorized, nor those related to treatment, payment, or health care operations.
- **Amending your information –** You may request that we amend certain information used to make decisions about you. Such request must be in writing and must include a reason for the request. We are not required to agree to your request. We may deny your request if the information in question is not complete and accurate, if we did not initially create the record, or if it is information that is not included in your right to inspection (listed above).
- **Obtaining a paper copy of this privacy notice upon request.**

Exercising your rights, obtaining more information, or filing a complaint

To exercise any right listed in this document, to obtain more information about those rights, or file a complaint regarding a possible privacy policy violation, please contact our office administrator by phone at (518) 233-9500 or by mail or in person at 55 Mohawk St., Suite 101, Cohoes, NY 12047.

You may also file complaints with the Secretary of the Department of Health and Human Services. Harmony Mills Pediatrics will in no way retaliate against you for any such action.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as for any information we receive in the future. A copy of the current notice will be posted at the front desk. If we change the notice, you will get a new copy of it the next time you are provided medical care in our office.