

# TEXAS INTERNISTS

## Patient Consent and Release Form

### Please Read and Sign

I, the undersigned, hereby consent to the following treatment:

- Performance of such minor in-office procedures and tests as may be deemed necessary or advisable in the treatment of this patient
- Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable based on the judgment of the attending physician or their assigned designees

I fully understand that this Consent and Release Form is given in advance of any specific diagnosis or treatment. I intend this consent to be continuing in nature even after a specific diagnosis has been made and treatment recommended. This consent will remain in full force until revoked in writing.

I understand that Texas Internists may include consent at satellite offices under common ownership.

I, the undersigned, acknowledge that Texas Internists will use and disclose my information for the purpose of treatment, payment and healthcare operations as described in the Notice of Privacy Practices.

**Medicare Patients:** I authorize release of medical information about me to the Social Security Administration or its intermediaries for my Medicare claims. I assign the benefits payable for services to Texas Internists.

I acknowledge that I have been given the Texas Internists Notice of Privacy Practices. I understand that if I have questions, I should contact the facility Privacy Official. Patient Initial: \_\_\_\_\_

### AUTHORIZATION

Patient and/or guarantor are responsible for charges incurred. It is a courtesy for our office to file your insurance however you are responsible for your co-pay and/or percentage, which the insurance company is not liable for on the day of your visit. In the event your insurance company has not paid within 60 days, you are responsible for the balance due. It is also the patient's responsibility to obtain referrals from your primary care physician when required. If the referral is not obtained before the visit, the patient is liable for the payment in full on the date of service. If we are unable to obtain payment within a reasonable amount of time from the patient and/or guarantor, we will place your account with a collection agency which will leave you liable for additional expenses incurred if applicable.

I, \_\_\_\_\_, have fully read and understand the above statement of payment policy. I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, Private Insurance and any other health plan to Texas Internists. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure the payment and/or to facilitate quality management. I authorize Texas Internists to release all medical information (including, but not limited to, information on psychiatric conditions, sickle cell, anemia, alcohol and drug abuse, HIV or communicable diseases) requested by my health insurance carrier, Medicare or any other third party payers. I authorize the physicians to administer such treatment as they may deem advisable for my diagnosis and treatment. I certify that I have been made aware of the roles and services are voluntary and that I have the right to refuse these services.

I certify that I have read and fully understand the above statements:

**Signature of Patient** \_\_\_\_\_ **Date** \_\_\_\_\_

TEXAS INTERNISTS  
7777 Forest Lane Suite C-650  
Dallas, Texas 75230

Thank you for choosing Texas Internists for all your medical needs. We look forward to providing you a complete package of medical treatment and financial services to assist you. We do file your charges to your insurance carrier as a benefit to you. Reimbursement should be received within 45 days in most cases. It is the patient's responsibility to know and understand what services are covered under the policy. Patients without insurance coverage are required to pay the balance in full at the time of service. **We do not file claims to any Workers Comp.**

**For billing and network status questions, please contact our billing company (HCS) at 972-701-8826 or 1-888-701-8826.**

**Common insurance denials include but are not limited to:**

Pre Existing condition, Policy deductible, Insurance not in effect at the time of service, Coverage by more than one plan in which coordination of benefits has not been arranged, Policy maximum has been reached, No referral for the visit or service. (It is the patient's responsibility to contact the PCP for a required referral), Medical service rendered is not covered by the insurance policy.

*Professional services are rendered to the patient, not an insurance company. Insurance can deny claims for a variety of reasons and the above is only brief description. Any unpaid balance remains the patient/guarantor responsibility.*

**You can assist in several ways to expedite your claim and reduce denials, such as:**

- You will be asked at every visit to verify information and make any changes. It is your responsibility to inform us of any demographic and insurance changes. If you have two insurance carriers, please advise and provide copy of **both** cards.
- Student status update provided to insurance on all students 18 years and older.
- **MEDICARE PATIENTS:** If you have switched from traditional Medicare to a Medicare replacement policy, **YOU MUST ADVISE AT THE TIME OF SERVICE!!!**

If any changes in your insurance coverage is not provided and/or received within the Insurance carrier timely filing period, the patient will be responsible for any balance of the account. Co-pays are due at the time services are rendered. Payments may be made by cash, check/bank card, Visa, MC, American Express and Discover. There is a \$25.00 return check fee.

**NO SHOW, CANCELLATION AND LATE PATIENT POLICY:** If you need to cancel an appointment, we ask that you do so within 24 hours of your scheduled appointment time. **You may be responsible for a \$25.00 charge if your appointment is not cancelled within 24 hours or if you do not show for your scheduled appointment.** For repeated non-adherence to this policy, you could be subject to dismissal from our practice.

You may reach a Billing Specialist at 1-888-701-8826 between 8 am and 4:30 pm Monday thru Friday. They are happy to answer any questions or concerns that you may have. If you are unable to reach us, please leave a detailed message including name, date of birth and phone number and someone will get back to you within 24 hours.

I have read and understand my financial obligations. I understand that this office will file an insurance claim on my behalf based on the information I provide. Both Texas Internists and I will receive an Explanation of Benefits (EOB) from my insurance carrier(s) that will detail any payments, deductions and adjustments per my plan's guidelines.

I understand that I will be fully responsible for payment of any and all medical service denied by my insurance company as applicable by state and/or federal law.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

## TEXAS INTERNISTS

### **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.**

#### **Purpose of This Notice**

This notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. We must follow the terms of this notice that are currently in effect.

We will tell you if we change this notice. A copy of the revised notice will be available upon request or posted at our location or on our website. We may change our practices and those changes may apply to medical information we already have about you as well as any new information.

This notice will be given to you on the date that you first receive care/treatment from Texas Internists. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

#### **Your Health Information Rights**

Although your health record is the physical property of Texas Internists, the information belongs to you. **You have the right to:**

- Request a restriction on certain uses and disclosures of your information for treatment, payment, healthcare operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law to agree to a requested restriction
- Obtain a paper copy of this notice of information practices
- Inspect and request a copy of your health record as provided by law
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record
- Obtain an accounting of disclosures of your health information as provided by law
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except for request to obtain a paper copy of the notice to the Practice Administrator at:

**Texas Internists  
7777 Forest Lane Suite C-650  
Dallas, Texas 75230**

#### **How We Use or Disclose Your Medical Information**

Treatment, Payment, Health Care Operations and As Otherwise Allowed by Law

The following categories describe different ways that we use and disclose medical information. For each category for Uses and Disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in the category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

For example, we may use or disclose your medical information to bill and collect payment of services we provided to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment of service.

#### **Health Care Operations**

We may use or disclose your medical information for purposes.

For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you.

We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health care provider with copies of various reports to assist in treating you once you are discharged from care at Texas Internists.

Your name and address may be used to send out patient satisfaction surveys.

We may contact you either by mail at your home or your office to remind you of an appointment you have with us or any other matter related to the health care services we provide or payment for your health care services. We may leave messages for you.

If you want us to contact you in a certain way or from a certain location, see "Right to Receive Confidential Communications" in this notice. There are some services that are provided for us by our business associates such as accountants, consultants with them that require that they protect the privacy of your medical information.

#### **Other Uses and Disclosures of Your Medical Information**

Treatment Alternatives: We may use and disclose medical information about you to contact you about other health care treatment that is available to you. If you do not want to receive these communications, please notify the Practice Administrator in writing.

**Health related Benefits and Services:** We may use and disclose medical information about you to contact you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify the Practice Administrator in writing.

**Individuals Involved in Your Care:** We may also use or disclose medical information about you to notify those persons identified by you if they are involved in your care or making payments related to your care. We may also use or disclose medical

**PATIENT'S COPY PLEASE KEEP**

information about you to notify those persons of your location, general condition or death. If there is a previously identified family member, other relative, other person(s) involved in your care or close friend to whom you do not want us to disclose medical information about you, please notify the Practice Administrator in writing.

**Uses or Disclosures That Are Required by Law**

**Disaster Relief** – We may use or disclose medical information about you to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in the event of a natural or man-made disaster.

**Required by Law** - We may use or disclose medical information about you when we are required to do so by law.

**Communicable Diseases** – We may disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

**Public Health Activities** – We may disclose medical information about you for public health activities to prevent or control disease. **Victims of Abuse, Neglect or Domestic Violence** – We may disclose medical information about you to a government agency if we believe that you are the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** – We may disclose medical information about you to monitor drugs or devices controlled by the Food and Drug Administration.

**Legal Activities** – We may disclose medical information about you to law enforcement officials for law enforcement purposes.

**Disclosures for Law Enforcement Purposes** – We may disclose information about you to law enforcement officials for law enforcement purposes:

- As required by law
- In response to court order of other legal proceeding
- To identify or locate a suspect, fugitive, material witness or missing person
- When information is requested about an actual or suspected victim of a crime
- To report a death as a result of possible criminal conduct
- About crimes that occur on our premises
- To report a crime in emergency circumstances

**Funeral Directors, Coroners and Medical Examiners** – We may disclose medical information about you as necessary to allow these individuals to carry out their responsibilities.

**Organ Donation** – We may disclose medical information about you to organ procurement organizations if you are an organ donor.

We may disclose medical information about you to comply with workers compensation laws that provide benefits for work-related injuries or illnesses.

**Public Health or Safety** – We may use or disclose medical information about you if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

**Military** - If you are a member of the Armed Forces we may use and disclose medical information about you to your military command.

**National Security and Intelligence** – We may disclose medical information about you to authorized federal officials for national security and intelligence activities.

**Security Clearance** – We may use medical information about you for a required security clearance.

**Uses or Disclosures that Require Your Authorization**

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying the Practice Administrator in writing of your desire to cancel it. If you cancel an authorization, it will not have any effect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following:

- A request to provide certain medical information to a drug company for marketing
- A request to provide your medical information to an attorney for use in a civil law suit

**The revision date of this privacy notice is: September 23, 2013**

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**Texas Internists P.A.**  
7777 Forest Lane, Suite C-650  
Dallas, TX 75230  
972-566-8899 Fax: 972-566-5775

- Phone System:** During office hours, call 972-566-8899 to schedule an appointment or to relay a message to Dr. Lau, Dr. Salam or their nurse.
- Office Hours:** Our office hours are: Monday - Friday 8:00 AM to 5:00 PM.
- Emergency:** You may relay a message to the on-call MD after-hours by calling 972-566-8899. You may be charged for physician services after hours, including medication refills. For a true medical emergency, please call 911.
- Appointments:** Please arrive on time. New patients should arrive at least 30 minutes before appointment time, for check-in and completion of forms. Please bring all medications (or written/typed list of medications) you are taking. If you arrive for your appointment more than 15 minutes late, you may be asked to reschedule. Cancellations should be made at least 24 hours in advance.
- Medication Refills:** Please call your pharmacist at least 5 days before you run out of your medicine. The pharmacist will then contact our office. There may be a delay in refilling your medication, if you do not keep scheduled appointments recommended.
- Test Results:** We will contact you (either by mail or phone) regarding test results usually no later than 7-10 days after your visit. For any urgent results, we will attempt to contact you by telephone (therefore, be sure to have correct address and phone numbers on file). Please call our office if you have not received your results in 2 weeks.
- Payment:** If you have a managed care plan (such as a PPO, POS, HMO, EPO, Medicare, etc), we will file for you. Otherwise, you must file yourself. Payment is due at the time of service. Credit cards (Visa, Mastercard, Discover) and checks are accepted. If your delinquent account is sent to a collections agency, you will not be able to be seen in the office until that account is paid off.
- Insurance and Referrals:** Bring your insurance card with you at each appointment for verification and referrals (if needed). Routine referrals take at least 48 hours. Emergency referrals are handled the same day. (Please contact our office to confirm all referrals before you see your specialist.)
- Parking:** Garage parking is located across from our building (Building C). Valet parking is also available, in front of Building C. We do not validate parking.

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