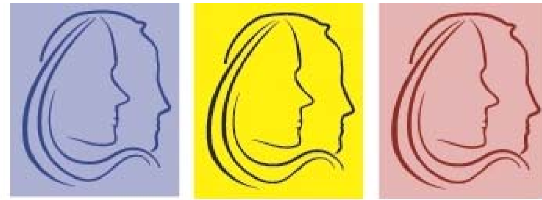

JAMIE VANOVEREN, D.O.
CLAY M. PENDLETON, M.D.

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:

Treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, to from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of The Urology Clinic. For example, information in the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to public agencies as required by law. For example, we are required to report certain communicable disease to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information:

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Our staff may contact you by phone or mail regarding test results and other information.

Notice of Privacy Practices, continued

Individual Rights:
You have the certain right under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Urology Clinic Duties:
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.
We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices:
As permitted by law, we reserve the right to amend or modify our privacy practices. These changes in our policies and practices may be required by changes in federal and state law and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information:
You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Urology Clinic or the Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer, Urology Clinic
501 Angles Drive, Suite 202
Steamboat Springs, CO 80487

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer, Urology Clinic
501 Angles Drive, Suite 202
Steamboat Springs, CO 80487
(970)871-9710

Effective Date: **This Notice is effective on or after April 14, 2003**

STACY J. CHILDS, M.D., F.A.C.S.
JAMIE VANOVEREN, D.O.
CLAY M. PENDLETON, M.D.

CONSENT TO TREATMENT-FINANCIAL RESPONSIBILITY

CONSENT TO TREATMENT

The undersigned patient/responsible party consents to the medical/surgical procedure(s) and treatment(s), including but not limited to anesthesia, laboratory procedures, x-rays, and examinations to be rendered pursuant to the general and special instructions of my physician. This extends to the anesthesiologists, emergency physicians, pathologists, and radiologists, all of whom are independent contractors and not employees of Urology Clinic, P.C.

FINANCIAL RESPONSIBILITY

By accepting any medical services or treatment, including but not limited to consultations, examinations, x-rays, and surgery, the undersigned patient/responsible party agrees to pay Urology Clinic, P.C. all charges for such service or treatment.

Fees and interest charges may be added on to the account if payment for services is delinquent and an outside collections agency is required. The amount of the fees and interest charges will vary and is dependent on what Urology Clinic, P.C. deems necessary to collect funds.

INSURANCE AUTHORIZATION AND ASSIGNMENT

I am aware that as a courtesy my primary insurance will be billed. It is my responsibility to follow up on any delinquent claims

I hereby authorize Urology Clinic, P.C. to furnish information to insurance carriers concerning myself or my dependents' illness or treatments. I assign the insurance benefits to Urology Clinic, P.C. and authorize and direct my insurance carrier to pay those benefits directly to Urology Clinic, P.C. I authorize Urology Clinic, P.C. to release medical information to other physicians when deemed necessary for my medical treatment. I understand that if my medical insurance does not pay for any reason it will be my responsibility to pay the bill in full, unless prohibited by law.

If Tricare, Medicare, Medicaid, Workman's Compensation, or similar government programs should determine that I am *not* eligible for coverage or that the service or treatment is *not* covered, I will be responsible for payments unless prohibited by law.

AUTHORIZATION TO RELEASE INFORMATION

The undersigned patient/responsible party authorizes Urology Clinic, P.C. to disclose financial and medical information and records to: my employer and third party payers, who are or may be responsible for payment of all or a portion of the charge; to other health care and/or to the referring physician to ensure continuity of medical care; and for purposes of accreditation, audits, certification, and peer or utilization reviews.

NOT RESPONSIBLE FOR PERSONAL PROPERTY

Patients should not bring valuables to this facility. Urology Clinic, P.C. is not responsible for any personal property brought into or left in the facility.

BY SIGNING THE PATIENT INFORMATION FORM PATIENT/RESPONSIBLE PARTY ACKNOWLEDGES THAT THEY HAVE HAD THE OPPORTUNITY TO READ THIS FORM, AND AGREES TO THE TERMS SET FORTH IN THIS FORM