



Notice of Privacy Practices

Please be advised this is known as a Notice of Privacy Practices and describes the uses and disclosures of health information made and the information practices followed by the employees, staff and other office personnel of Medford Women's Clinic (MWC) and my rights regarding private health information. Patients have the right to receive and review a written description of how MWC will handle their health information.

This notice may be revised from time to time in accordance with State, Federal and MWC private practice policies. Whether a revision has been made or not, we will ask for your new signature on an annual basis to ensure federal compliance. In addition, a current version of this notice can be found posted in our reception and/or waiting area for reference.

Private health information may include that created by MWC and received from outside sources. It may be in the form of written or electronic records or spoken words and may include detailed information about a patient's health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions and other similar types of health-related information.

MWC may use and disclose your health information for the following purposes:

- Medical decision-making regarding care and treatment plans and outgoing referrals to and for coordinating care with other health care providers and entities.
- Determining insurance eligibility and benefits; submitting medical claims for payment to carriers and medical record submissions required by your insurance carrier or other party that may be responsible for payment.
- To complete various administrative duties and business functions that support your provider's efforts to provide you the quality healthcare you deserve.

Patients have the right to request that some or all their health information not be used or disclosed in the manner described herein the Notice of Privacy Practices. However, MWC is not required by State or Federal law to agree to such requests.

Should you choose to be informed of any clinical studies that may enhance your medical treatment, authorization is needed to provide medical information to the Advanced Clinic Research department affiliated with MWC. All information will be securely and confidentially transferred.

My signature below confirms I have reviewed and understand the information above and may receive a copy of the Notice of Privacy Practices upon request. Yes No Initials: _____

 Patient Name (Please print.) Patient Signature Date

 Patient Representative (Please print.) Patient Representative Signature Date Representative's Authority

Authorization for Alternative Communication

On occasion, MWC staff or providers may need to provide personal health information in using an alternative method such as a voicemail message or verbal message with another person. Please provide the alternative phone numbers and other person's authorized to receive your information. Your signature below authorizes us to do so and will remain in effect until revoked by the patient in writing. It is the patient's responsibility to notify their healthcare provider should they wish to change one or more of the telephone numbers and/or contacts listed below. Please select the appropriate boxes below to ensure proper permissions and provide the contact information as needed.

Voice Mail only **Verbal Message only** **Voice Mail & Verbal Message**

With: **Self** **Spouse** **Domestic Partner** **Significant Other** **Other** _____
 (Relationship)

Name: _____ Home Cell Cell Other #: _____

Name: _____ Home Cell Cell Other #: _____

Name: _____ Home Cell Cell Other #: _____

 Patient or Representative Signature Date

PLEASE SEE REVERSE SIDE



Financial Policy

Welcome and thank you for choosing Medford Women's Clinic (MWC) to provide the quality care you need and deserve. Please review the terms of our financial policy and sign at the bottom in acknowledgement. Our Billing Department is happy to assist with any questions you may have.

1. All services billed to the patient, or their insurance carrier are for our providers' professional service fees only. Laboratory, imaging studies and facility/hospital charges are billed separately and not included in MWC fees.
2. It is the patient's responsibility to ensure MWC has accurate billing details including the billing address to send statements of account and insurance information. If we do not have accurate insurance information, payment for services in full may become your responsibility.
3. It is the patient's responsibility to be prepared to make their copayments, estimated coinsurances and/or deductibles at the time of service unless other arrangements are made prior to their appointment as per contractual requirements of their insurance carrier.
4. We accept cash, personal check, money order, Visa, Mastercard, Discover, American Express and Care Credit. Returned checks will be subject to an additional \$35 dollar fee.
5. Payment for services of minor children is the responsibility of the custodial parent. MWC will not be involved in co-parenting financial or responsible party arrangements and legal order disputes.
6. If a patient is seeking a second opinion, the Billing Department will determine if their health plan covers this service. If it is not a covered benefit, payment in full is due at the time of service.
7. All accounts sent to our collection agency, Southern Oregon Credit Services (aka Collect Northwest), will be assessed a \$100 processing fee that is payable in addition to the existing balance.
8. All balances billed on a patient's monthly statement, are due and payable upon receipt, unless other arrangements have been made. If a payment plan is needed due to financial challenges, please contact our **Billing Department** to make those arrangements at **(541) 864-8925**.

Please sign below in acknowledgement that MWC's Financial Policy has been reviewed and understood as detailed above.

Patient Name (Please print.)

Patient Signature

Date

PLEASE SEE REVERSE SIDE



E-Mail Correspondence and Telehealth Consent

Medford Women's Clinic (MWC) offers the option to correspond with patients via e-mail and may provide Telehealth appointments in consideration of COVID-19 and other health risk factors to our patients. Please review the risk factors to consider and conditions regarding both below.

E-Mail Risk Factors

- Can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Senders can readily misaddress an email.
- Backup copies may exist even after the sender or recipient has deleted their copy.
- Employers and on-line services have a right to inspect e-mail transmitted through their systems.
- Can be intercepted, altered, forwarded, or used without authorization or detection.
- Can be used to introduce viruses into computer systems and used as evidence in court.
- May not be secure and therefore possible that the confidentiality of such communications may be breached by a third party.

Guidelines for the use of E-Mail Correspondence

- Providers cannot guarantee security and confidentiality of e-mail correspondence but will use reasonable means to maintain security.
- Providers are not liable for improper disclosure of protected health information caused by the patient or any third party.
- E-mail is not appropriate for urgent or emergency situations. Providers cannot guarantee that a specific e-mail will be read and responded to within a specific timeframe.
- E-mail content must be concise, clear, yet not complex. For complex and sensitive medical topics of discussion, an appointment must be made in the clinic.
- All e-mail correspondence with patients is considered part of their medical record and will be printed and scanned into their chart.
- All MWC Providers and staff have access to medical records and may receive and/or read patient e-mail messages.
- MWC Providers and staff will not forward patient e-mails without their prior written consent, except as authorized or required by law.
- The patient is responsible for scheduling follow-up appointments, if warranted.
- The patient is responsible for taking their own precautions to preserve the confidentiality of the e-mail they initiate or respond to.

E-Mail Correspondence Instructions

- Avoid the use of computers in the workplace.
- Include the patient's name in the body of the e-mail.
- Include the topic of discussion in the subject line. (i.e., medical questions, billing questions)
- Inform the provider of changes in the patient's e-mail address.

Telehealth Defined and Guidelines

MWC may ask if you wish to conduct some of your visits through Telehealth visits. A telehealth visit is a HIPAA compliant electronic method via audio and/or video communication by which your provider will consult with the patient about their concerns and if appropriate, develop a treatment plan. Telehealth visits will help to minimize the need to come to the office. Not all concerns can be addressed in this manner, however. There are potential risks with the use of this technology that includes but is not limited to interrupted visits due to the poor phone or internet connection. A patient may be required to make a clinic appointment, if the information gathered via the telehealth visit is not sufficient to make an appropriate diagnosis for which is billable separately from the telehealth visit.

Consent

Please read and sign below in understanding and agreement to the terms, risks and conditions as outlined above for 1 or both of the following. In addition to the guidelines above, your Provider may require additional custom instructions for e-mail correspondence and/or Telehealth visits. (This authorization must be revoked in writing.): **E-Mail Correspondence:** Yes No **Telehealth Visits:** Yes No

Patient or Representative Signature: _____ Date: _____

Patient Name (Please print.): _____

PLEASE SEE REVERSE SIDE