2924 Swede Road
East Norriton, PA 19401

Artery & Vein Institute
www.arteryandveininstitute.com

P: (484) 370-8140
F: (484) 370-8135

HIPAA Notice of Privacy Practices

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this office, whether made by your personal practitioner or others working in this office. This notice tells you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to

Make sure that health information that identifies you is kept private.
Give you this notice of our legal duties and privacy practices with respect to health information about you.
Follow the terms of the notice that is currently in effect.

How we may use and disclose health information about you

For treatment
For payment
For health care operations
For appointment reminders
As required by law
To avert a serious threat to health and safety
As required by the Military or Veterans and Workers Compensation
Lawsuits and disputes
Law enforcement

Your rights regarding Health Information about you

Right to inspect and copy
Right to request restrictions
Right to a paper copy of this notice

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing.

Patient Responsibility

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The patient is responsible for the balance of their account, regardless of insurance status. This includes co-payments, non-covered services, “less amounts that exceed maximum coverage,” co-insurance, deductibles, etc.

Patient Consent of Financial Agreement

Payment of office visit is due at time of service, except for Medicare patients. Co-payments are due at the time of service. **Patient agrees and authorizes Artery and Vein Institute, LLC to keep a copy of patients (or patients representatives) credit/debit/HSA card on file for these purposes.** Patient agrees that if the amount due is not paid after one (1) billing cycle, the card on file will be charged. Patients understand that nonpayment of any amounts due will be sent to collections and legal actions may be taken if necessary to collect the debt.

Cancellations/Missed Ultrasound Appointment

We do not want missed appointment fees to be an impediment to your care and so we ask for your mutual respect. When you make an appointment, we block that time on the schedule for you and ask that you exercise the same consideration when planning your calendar. As a courtesy to other patients and to our practice, please provide adequate notice **(24 business hours)** if you need to cancel or change an appointment.

- If you must cancel your appointment and have not done so prior to the 24-hour cancellation period, we reserve the right to charge you at your next appointment.

$50 for patient ultrasound appointments! After the second "no show," we reserve the right to refuse treatment and/or require payment upfront for any future ultrasound appointments. Any exceptions will be reviewed and evaluated on a case-by-case basis.

Insurance Authorization and Assignment

Patient authorizes payment of insurance benefits to be made on the behalf of Artery and Vein Institute, LLC, for any services provided. Patients authorize the release of any medical information to process claims.

Please acknowledge your acceptance of these terms by signing below as Patient or Authorized Representative.

Printed name of patient _____

Signature of patient or authorized representative _____
Date _____