

S T A R K V I L L E
SURGICAL
A S S O C I A T E S

Title: Dr. ___ Mrs. ___ Miss ___ Mr. ___ Ms. ___

Drug Allergies _____

Patient's First Name _____ MI ___ Last _____

Preferred Name _____ Patient's Social Security # _____

Age ___ Date of Birth ___ - ___ - ___ Male ___ Female Marital Status _____

Address _____ City _____ State ___ Zip _____

Phone _____ Cell phone _____

Emergency Contact _____ Phone _____

Relationship to contact _____

Name of Employer _____ Phone _____ Ext _____

Spouse Employer _____ Phone _____ Ext _____

Name of person/guardian responsible for this bill _____

Address _____ City _____ State ___ Zip _____

Phone _____ Relationship to patient _____

Is this a Workers' Compensation Claim? ___ Yes ___ No Date began _____

Supervisor Name _____ Phone _____ Ext _____

Insurance #1 _____ ID# _____

Subscriber's Name _____ Subscriber's Social Security # _____

Subscriber's DOB _____ Relationship to patient _____

Insurance #2 _____ ID# _____

Subscriber's Name _____ Subscriber's Social Security # _____

Subscriber's DOB _____ Relationship to patient _____

Primary Physician _____ Referring Physician _____

Please allow the receptionist to copy all insurance cards and picture ID upon completion of paperwork

S T A R K V I L L E
SURGICAL
A S S O C I A T E S

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction uses and disclosures of their protected health information (*PHI*). The individual is also provided the right to request confidential communications or that a communication of *PHI* be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that applies):

1. Home Telephone _____
 O.K. to leave message with detailed information
 Leave message with call back number only

2. Work Telephone _____ ext. _____
 O.K. to leave message with detailed information
 Leave message with call back number only

3. Other _____

Patient/ Guardian Signature

Date

Print Name

Date



FINANCIAL RESPONSIBILITY AND RELEASE OF INFORMATION

I understand that I am financially responsible to Starkville Surgical Associates, LLC for the charges not covered by my insurance carrier. Payment for services is due at the time of service unless prior arrangements have been made. I understand that I am responsible for payment of all services rendered, regardless of insurance coverage or third party liability. I agree to pay all costs of collection, included (not limited to) reasonable attorney fees and court costs in the event it becomes necessary to pursue the account for collection. I authorize Starkville Surgical Associates, LLC to release to the Social Security Administration or its intermediaries or carriers, or other insurance carriers any medical or other information needed for this or a related insurance claim. A copy of this authorization may be used in place of the original.

Signature of Patient/Guardian

Date

EXTENDED PAYMENT REQUEST (ONE TIME AUTHORIZATION)

I request that payment of authorized Medicare benefits, Medicaid benefits or other insurance benefits be made on my behalf to Starkville Surgical Associates, LLC for any services furnished to me by that provider. This one time signature will be maintained on file as verification of all subsequent services which are provided to you by this provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents and other insurance carriers any information to determine these benefits or the benefits payable for related services.

Signature of Patient/Guardian

Date

**MEDIGAP AUTHORIZATION
(Medicare Patients Only)**

I request that payment of authorized MediGap benefits be paid on behalf to Starkville Surgical Associates, LLC for any services furnished to me by that provider. I authorize any holder of medical information about me to release to Roger C. Clapp, Jr., MD/Daryl P. Guest, MD any information needed to determine these benefits or the benefits payable for related services.

Signature of Patient/Guardian

Date



NOTICE OF PRIVACY PRACTICES RECEIPT

I acknowledge that I was provided with the Notice of Privacy Practices of Starkville Surgical Associates, LLC.

Print Name of Patient: _____

Signature of Patient: _____

Date: _____

Patient's Date of Birth: _____

I, _____, authorize the following person(s) to obtain information regarding my medical records with Starkville Surgical Associates.

Print Name(s): _____

Relationship to Patient: (Parent, Guardian, etc.) _____

Signature of Personal Representative(s)(if present) _____

Date: _____



Roger C. Clapp, Jr. M.D. FACS

Daryl P. Guest, M.D. FACS

662-324-1310

OFFICE VISIT FEES

We ask that office visits be paid for at the time of service unless prior arrangements have been made. **If you have no insurance** and have not had surgery yet, there is a 136.00 fee that will need to be paid **before** you are seen by the physician on the day of your appointment.

We ask that, if you have a co-pay, your co-pay be paid before your office visit. If you do not have this amount before your office visit, we will ask you to reschedule the appointment for a time that you can.

If you have insurance and have met your deductible, we ask that you pay your co-pay or your percentage of what is owed at the time of service. If you do not know what your deductible is or whether it has been met, we ask that your charges be paid in full.

OFFICE SURGICAL PROCEDURE FEES

If you have insurance for office based surgery, we ask that you pay your deductible at the time of service. If you do not have insurance, we ask that your procedure be paid in full at the time of service unless prior arrangements have been made.

HOSPITAL SURGICAL PROCEDURE FEES

We will discuss all fees when scheduling surgery.

If you have insurance, we ask that you pay your co-pay within sixty days of the time of service.

If you do not have insurance, we will discuss payment of the fees at the time surgery is scheduled.

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.

Original Effective Date: April 14, 2003

Last Revised: May 25, 2006

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- ✓ Maintain the privacy of PHI about you;
- ✓ Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- ✓ Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example we may use and disclose PHI when you need a prescription, lab work, an X-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. In emergencies, we may use and disclose PHI to provide the treatment you need. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about you to a physician that we refer you to so that the other physician may treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan before we provide care or services. We may use and receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs.

We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients. For example, we may use
- PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.

- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing.
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations.
- Resolving grievances within our practice.
- Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information that is not identifiable to any individual, and disclosing PHI to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
- Creating a "limited data set" of information that does not contain information directly identifying a patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or company.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is joint care provided by a hospital and the physicians who see patients at the hospital.

Communication from our office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION for which you have the opportunity to agree or object

Individuals involved in your care or payment for your care: We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may make these types of uses and disclosures of PHI.

- We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.
- If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object, after you have been informed of your opportunity to object.
- If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment.
- We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.
- We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use and disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplaces medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health oversight activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Specialized Government Functions: Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President of the United States and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (these requests are described in Section III of this Notice).

Incidental Disclosures: We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Limited Data Set Disclosure: We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

Right to receive confidential communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only *reasonable* requests.

Right to inspect and copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

Right to amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to receive an accounting of disclosures: You have the right to request an "accounting" of certain disclosures that we may have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14, 2003. If you wish to make such request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a paper copy of this notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed in this Notice.

IV. COMPLAINTS

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone numbers listed below.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone numbers listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and phone number:

Privacy Official: Tammi Murrah
Address: 105 Doctors Park, Starkville, MS 39759
Telephone: (662) 324-1310

This notice was published and first became effective on April 14, 2003.