



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. This practice uses and discloses information about you for your treatment, to obtain payment for treatment, for access to this information. Please review it carefully.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact our office.

Treatment, Payment, Health Care Operations Treatment:

We are permitted to use and disclose your medical information to those involved in your treatment. For example the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician with information about your particular condition, so that he or she can appropriately treat you for other medical conditions, if any.

Payment:

We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations:

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and that ensure that quality care is delivered. For example, we may engage the services of a professional aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law, or we may ask another physician to review this practices charts and medical records to evaluate our performance, so that we may ensure that this practice provides only the best health care.

Disclosures That Can Be Made Without Your Authorization:

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about.

Notice of Non-Acceptance of Medicare Insurance:

Fermo Psychiatric Solutions, Inc. is not a provider with Medicare and does not accept Medicare and / or any Medicare HMO Products, as a patient's insurance. Medicare will not cover any services nor make payments to Fermo Psychiatric Solutions, Inc. for any services rendered to patients with Medicare. Patients will be responsible for all payments owed to Fermo Psychiatric Solutions, Inc. for services rendered to them. Fermo Psychiatric Solutions, Inc. will not file any claims to Medicare and the patient is responsible for all amounts owed to practitioner at the time services is rendered.

If you have any changes in your personal data, such as name, address, phone number, or insurance carrier, please inform the receptionist. It is imperative that we have the most current information of file for you.

Patient/Guardian Signature: _____ Date: _____