

Paul P. Roberts, M.D., Office Policies

Notice of Privacy Practices

No one except me has access to the personal information that I receive from you in my practice. I will hold all such information, including the fact that you are my patient, strictly confidential, with these potential exceptions:

- To coordinate care with your other providers.
- When you give explicit consent to release it.
- When disclosure is necessary to protect you or another person or persons from danger.
- When I respond to subpoenas, court orders, or legal process.
- When necessary to obtain payment that is due.

You have a right:

- To see your medical record, and to prepare a statement of disagreement which will become a part of your record.
- To request a list of disclosures of medical information that have been made.
- To cancel prior authorizations for release of your medical records.
- To be informed if your personal data is compromised.
- To specify that certain services not be disclosed to your health plan or insurer, provided you pay cash for those services.

If you have questions or concerns about privacy practices, record keeping, or any of these policies, please contact me directly. You can complain about privacy violations to government agencies: WA State Department of Health, 510 Fourth Ave. W, Suite 404, Seattle, WA 98119; or the U.S. Secretary of Health and Human Services in the Office for Civil Rights, U.S. Department of HHS, 200 Independence Ave. SW, Room 509F, Washington, D.C. 20201.

Contacting me

Use my office phone, 206-382-1555. Leave routine messages, questions, or requests on the voice mail there. The voicemail prompt will give current instructions for urgent or exceptional situations. I do not interrupt patient visits for phone calls. If there is a life-threatening emergency, you should call 911 or go directly to a hospital ER, then call me.

Telephone crisis management and clinical decision-making will be charged at \$5.00/min.

My email is paulrobertsmd@protonmail.com. It is HIPAA compliant, but your outgoing email is unlikely to be HIPAA compliant; to send me an email means you waive that level of confidentiality. Use email only for administrative issues such as scheduling, and telephone for clinical matters.

Cancellations and No Shows

If you will be unable to keep an appointment, please cancel as early as possible. **You will be charged for missed appointments**, or cancellations with less than two full working days' notice (e.g., for a Monday noon appointment, by noon Thursday). Insurance companies will not pay missed appointment charges. This applies even in cases of illness, bad weather, etc. If you are unable to come to the office you can have your session by phone. For recurring appointments there is another policy; see PaulRobertsMD.org or ask for a printed copy.

Prescriptions

Have your pharmacy contact me by fax for a refill authorization.

Payment

I do not take Medicare. If you have Medicare, even if you have another insurance as well, you are required before seeing me to sign this form: http://www.paulrobertsmd.org/?page_id=122

I will send you a statement monthly. Payment is due by one month after the statement date. Balances unpaid by one month after the due date will accrue interest charges at a rate of 9% per year, unless you have made another payment arrangement with me, or unless an insurance claim for those charges is pending with one of the companies with which I have contracted.

If your insurance is one of those, then I will submit a claim for current charges to them at the same time I bill you. You will receive a notice from them called "Explanation of Benefits" which will indicate what part of the current charges it is your responsibility to pay. You should send me that amount, plus any previous balance shown on your bill.

If you have insurance for which I am not an in-network provider, you are responsible for paying me by the due date regardless of any claim activity or pending reimbursement between you and the insurance company.

Acknowledgment: I have received a copy of this notification of policies.

Printed name

Signature

Date