Today's Date:
Name:
Date of Birth:
MRN:

Acknowledgement of Notice of Privacy Practices

Our ***Notice of Privacy Practices*** provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may request a revised copy. By signing this form, I acknowledge that I have had an opportunity to review a copy of the ***Notice of Privacy Practices***, which is available in the pages that follow, in our office, and online at www.frontrangeretina.com.

SMS/Text Message Consent

By signing this form, I consent to receive SMS/text messages from Front Range Retina, P.C. at the mobile telephone number I have provided. Messages may include appointment scheduling and reminders, referral follow-up, insurance and prior authorization updates, billing communications, forms, office information, and other administrative communications related to my care. Front Range Retina does not use this consent to send marketing or promotional text messages. Message frequency varies. Message and data rates may apply. Reply STOP to any message to opt out of SMS/text messages at any time. Reply HELP for assistance or contact Front Range Retina at (720) 828-3937. Consent to receive SMS/text messages is not a condition of receiving medical care or services from Front Range Retina. If I do not wish to receive SMS/text messages, I may notify Front Range Retina before signing this form or at any time thereafter. For additional information regarding SMS communications, please see Front Range Retina's SMS Terms & Conditions at https://www.frontrangeretina.com/sms-terms and SMS Privacy Policy at https://www.frontrangeretina.com/sms-privacy-policy

Card on File Authorization

I authorize and request Front Range Retina, P.C. to charge my credit card for balances due for services rendered that my insurance company identifies as my financial responsibility. Health savings, flex spending, and debit cards may not be accepted. I understand that my card will not be charged until 30 days after a statement has been sent to my mailing address, during which I will have the opportunity to pay via cash, check, mail, or credit card. I understand that the credit card number, three or four-digit code, and billing zip code will be kept on file. If my credit card is declined, I will provide a new credit card number. If I refuse to leave a credit card on file, I understand that I may be required to leave a $300 deposit which will be applied to any outstanding balance following insurance processing of the medical claim for the services/treatments to be rendered. This authorization will remain in effect until I cancel this authorization. To cancel this authorization, the account must be in good standing.

Late Cancellation and No-Show Policy

When you schedule an appointment with Front Range Retina, we will dedicate enough time and resources to provide you with the highest quality care. Should you need to cancel or reschedule your appointment, please do so no later than 24 hours before your scheduled appointment to allow us time to schedule other patients that are needing an appointment. Any patient who fails to show or cancels/reschedules an appointment within 24 hours of their appointment will be considered a late-cancellation or a no-show, respectively, and may be charged a $50 late cancellation / no-show fee, which will be due prior to re-scheduling future appointments. After the third late cancellation / no-show, the patient may be dismissed from the practice.

admin@frontrangeretina.com
Ph: (720) 828-3937 F: (720) 405-4355
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Castle Rock, CO 80109
frontrangeretina.com

Patient Financial Responsibility

Recognizing the need for patients to understand what is expected regarding payment of medical services, we have established our financial policy regarding your patient financial responsibility, which is described below. It is our goal to remain sensitive to our patients' needs while providing quality medical care, and we encourage you to contact our office if a problem should arise regarding your account.

1. All co-pays required by your insurance company must be paid at the time services are rendered. We accept cash, check, and credit card.
2. It is your responsibility to be aware of the contract benefits of your insurance carrier or any copayment, co-insurance or deductible obligation. If your Insurance requires referrals for full benefits to be paid, it is your responsibility to verify that the referrals are in place prior to your visit.
3. We will file insurance claims for medical services rendered. We cannot file claims correctly without accurate information from you. Proof of insurance must be presented at each visit. If your insurance is inactive on the day services are rendered, you will be charged as a self-pay patient.
4. If you do not have insurance, payment in full is expected at the time of service.
5. You will receive a statement from our office following your insurance company's processing of the medical insurance claim. If you are dissatisfied with their payment, please contact your insurance carrier. Payment of the patient's portion of the balance is due upon receipt of the statement.
6. We are participating providers with Medicare, and therefore must accept Medicare's allowed charge for the services rendered. Medicare will pay 80% of the approved amount. The patient is responsible for the remaining 20%, plus any out-of-pocket deductible. We will write off the difference between what we charge and what Medicare approves. Please remember that although we accept assignment for Medicare, the patient is responsible, by law, for any portion of the approved amount not paid by Medicare or a secondary insurance company.
7. Responsibility for payment for services rendered to the child/children of divorced or separated parents rests with the parent who seeks treatment.
8. I authorize Front Range Retina, P.C. to release any information concerning my care for the purpose of claims to federal, state, city, or town government agencies, third party payers of all categories, doctors, and hospitals. I authorize payment directly to Front Range Retina, the insurance benefits including Medicare herein specified and otherwise payable to me.

Notice of Privacy Practices

Effective: June 1, 2021

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.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. If you have any questions about this notice, please contact our office at (720)828-3937.

Front Range Retina, P.C. is required by law to maintain the privacy of your health information and provide you a description of our privacy practices. This notice applies to all Front Range Retina, P.C. employees and others whose conduct, in the performance of work for Front Range Retina, P.C., is under the direct control of Front Range Retina, P.C., whether or not they are paid by Front Range Retina, P.C..

Your Rights

You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities to help you.

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Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may require you to do this in writing. We will provide you with a copy of your health information and exam records. We may charge a reasonable, cost-based fee.
- We may deny your request for some of your health information. If we deny your request, we will inform you in writing why we denied it, how you may have the denial reviewed in certain instances, and how you may file a complaint regarding our decision.

Ask us to amend your medical record

You can ask us to amend health information about you that you think is incorrect or incomplete. We may deny your request, but if we do, we will tell you why in writing.

Request confidential communications

You can ask us to contact you in a specific way (for example, ask us to contact you at work instead of your home) or to send mail to a different address or to an email address. We will accommodate all reasonable requests, but advise you to avoid email communication as it is not a secure form of communication, and you acknowledge the risks of email communication.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for your treatment, our payment, or our operations. We are not required to agree to your request, but if we don't agree, we will tell you why in writing. Even if we agree to your request, we may not follow it in an emergency situation. We may also change our decision in the future, but if we do, we will tell you in writing. The change will only apply to your health information we create or receive after we notify you of the change.
- If you pay for a service or health care item out-of-pocket and in full, you can ask us not to share that information with your health insurer if it is for a payment or operations purpose. The request must be in writing and we will approve your request unless we are required by law to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for up to six years from the date you ask, who we shared it with, when and why. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures, including any you asked us to make.
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy. You may print or view a copy of it by visiting the practice website at www.frontrangeretina.com.

Choose someone to act for you

We may disclose your information to a person named as your medical power of attorney or legal guardian. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- To ask questions, express concerns, or file a complaint, contact our office at 3740 Dacoro Ln Ste 145 Castle Rock, CO 80109 or by phone at (720)828-3937.

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- You can also file a privacy or civil rights complaint with the U.S. Department of Health and Human Services' (DHHS) Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. DHHS, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201; 1-800-368-1019 or 1-800-537-7697 (TDD). Complaints to the Office for Civil Rights must be filed within 180 days of when you learn of, or should have known about, the violation.
- We will not retaliate against you for filing a complaint.

Your Choices

In certain situations, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know.

- Reminding you that you have an appointment for care.
- Sharing information with your family, close friends, or others involved in your care or payment for your care.
- Sharing information for disaster relief purposes with entities authorized to assist in disaster relief efforts.
- Sharing your health information through health information exchange ("HIE"). HIE organizations allow your health information to be made available for treatment, payment and operations purposes with other health care providers and health plans. HIEs maintain safeguards to protect your information.

If you are not able to or do not tell us your preferences (for example, if you are unconscious or do not indicate a preference to us) we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

We are permitted to use or share your health information in the following ways:

To treat you

We can use your health information and share it with other professionals to provide, coordinate and manage your health care and related services. For example, information about your visit may be provided to your primary care physician, with payers for quality management purposes relating to your treatment, or with other providers or organizations to allow you to receive care remotely or have virtual visits with our clinical staff.

For our operations

We can use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we may use your information to review your treatment, evaluate the performance of the staff caring for you, or share with students being trained in the organization.

To bill for your services or other payment reasons

We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

Future communications

We may communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities in which we participate.

Business associates

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Some of the services provided to you are performed on our behalf by outside vendors called Business Associates. We will disclose your health information to our Business Associates to allow them to perform these services for us. For example, we may contract with a copy service company to provide you copies of your health record. Business Associates are required by federal law to safeguard your information.

How else can we use or share your health information?
We are allowed or required to share your information in ways that contribute to the public good such as public health and research. We have to meet certain conditions in the law before we can share your information for those purposes.

Help with public health and safety issues. We can share health information about you for certain public health and safety situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Research. We may use or disclose your health information for research studies but only when the researchers meet all federal and state requirements to protect your privacy. You may also be contacted to participate in a research study.

Comply with the law. We will share information about you if state or federal laws require it, including with the federal Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests. We can share health information about you with organ procurement, banking or transplantation organizations for the purpose of facilitating organ, eye, or tissue donation and transplantation.

Coroners, medical examiners and funeral directors. We may share health information with a funeral director as necessary to carry out their duties including arrangements after death, or with coroners and medical examiners to identify the deceased, determine a cause of death, or as otherwise authorized by law.

Workers' compensation, health oversight and government authorities. We can use or share health information about you for workers' compensation claims and with health oversight agencies for activities authorized by law and for special government functions such as military, national security, and presidential protective services.

Law Enforcement. We may disclose health information to a law enforcement official for purposes such as to respond to a search warrant, identify a suspect, fugitive or missing person, report a death believed to be a result of criminal conduct, or report a crime committed on our property. We may also disclose health information to correctional institutions or law enforcement officials under certain circumstances if you are in custody.

Lawsuits and legal actions. We may disclose your information in response to a valid court or administrative order. We may also disclose your information in response to certain types of subpoenas, discovery requests, or other lawful processes.

Our Responsibilities

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time by notifying us in writing. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your health information.

Authorization Required. In the following cases, we won't share your information unless you give us written permission:

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- Marketing purposes, except if we talk with you in person or give you a promotional gift of little value from a company we work with, like a pen or notebook.
- Sale of your information.

Revisions to this Notice. We reserve the right to change the terms of this Notice at any time. If we do, the changes will apply to all information we have about you. The new Notice will be available upon request and on our website.
See hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html for more information on your rights and our responsibilities.

Treating you fairly. Front Range Retina, P.C. complies with applicable Federal and state civil rights laws and does not or discriminate on the basis of race, color, national origin, language, culture, ethnicity, age, religion, sex, mental or physical disability, sexual orientation, gender expression, gender identity, veteran status, socioeconomic status, or any other characteristic prohibited by federal, state, or local law.

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