

Gros Ventre OB/GYN NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules

By signing this form, you acknowledge that you have been given access to the Notice of Privacy and Communication Practices for Gros Ventre OB/GYN.

Our Notice of Privacy Practices provides information about how we may use and disclose your individually identifiable health information (IIHI). We encourage you to read it in full.

COMMUNICATION PRACTICES

Gros Ventre OB/GYN may engage in one or more of the following activities:

A. Gros Ventre OB/GYN may disclose protected health information to your insurance provider.

_____ I understand Gros Ventre OB/GYN has permission to send medical records to my insurance provider. I also understand if I refuse, I will be financially responsible for the amount insurance denies due to lack of records.

Signature of Patient

Date of Birth

Date Signed

Payment Policy

Gros Ventre OB/Gyn requires all patients to have a method of payment on file with our office. Credit cards, debit cards, HSA cards are all acceptable forms of payment. Services will not be rendered without prior payment arrangements. As a courtesy, Gros Ventre OB/Gyn will submit your charges to the insurance policy you supply our office with, however, payment is never guaranteed by your insurance company until after charges are submitted and reviewed. All deductibles, co-pays and co-insurances are due at time of service.

Print Name

Signature (patient or guardian)

Date Signed

Appointment Policy

Thank you for choosing Gros Ventre OB/Gyn. It is our goal to give you and your family the most outstanding care possible. We are happy to offer appointments in our Pinedale and Driggs clinics, as well as the ability to schedule your appointments in advance in order to best suite your schedule.

However, due to the nature of our business and unforeseen circumstances such as weather, surgeries, deliveries, and personal emergencies, it is inevitable that last minute changes will arise. We will always do our very best to keep your appointments at their initial times, but occasionally we will need to change some appointment times, dates and providers. We ask that you remain as understanding and flexible as possible when this occurs. Please remember that having appointments at our outlying clinics is a convenience to you. We understand how difficult it can be for you to move your appointment to Jackson and we will only make these changes to your schedule when it is absolutely necessary.

Whenever changes to your appointment need to be made, our receptionist will contact you on the numbers that you have listed below. If we are unable to reach you, a message will be left with the change. We ask that you please return our call to verify the new appointment time.

Contact Phone Numbers:

Thank you for your understanding.

leave a message: yes / no

leave a message: yes / no

leave a message: yes / no

Signature of Patient

Date Signed