NORTHWEST ASTHMA & ALLERGY CENTER (NAAC)
NOTICE OF PRIVACY PRACTICES & FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

NOTICE OF PRIVACY PRACTICES

Northwest Asthma & Allergy Center (NAAC) is responsible for protecting your healthcare information's privacy. We maintain a record of the healthcare services we provide you. As permitted by law, we will share this information to provide and coordinate your medical treatment, bill for these services, and conduct usual healthcare operations. You have the right to review, obtain a copy, or request to amend the record if needed.

Our ***Notice of Privacy Practices*** describes your rights to your health information and how this information may be used and disclosed. Sharing your health information is typically used to improve the continuity of care you receive. Common examples include accessing prescription history for pharmacy benefits, discussing an opportunity to enroll you in clinical research studies with our non-profit research affiliate, ASTHMA, Inc. dba Seattle Allergy & Asthma Research Institute, and/or participating with Health Information Exchanges (HIE) with other healthcare organizations to improve quality, safety, and efficiency of health care. We may change the Notice of Privacy Practices at any time; a current copy is found on our website: www.nwasthma.com or you may contact our Privacy Officer for additional questions or concerns.

FINANCIAL POLICY

1. Payment of services: All medical care costs are the patient's responsibility regardless of insurance coverage.

2. Patient information/proof of insurance: If the patient is insured, we require that it be disclosed to us for billing purposes and that the insurance ID card is presented as proof of insurance. The patient is responsible for updating us promptly if there is a change to the insurance plan.

3. Insurance: We participate in most insurance plans and will submit claims to your insurance company on your behalf. Knowing your insurance benefits and rules is your responsibility. We highly encourage you to call to verify your benefits and any limitations on your policy. If your plan has limitations, you must share them with the provider before any procedures are performed. If your insurance company requires a specialist referral from your primary care physician and/or approved by your insurance plan, you must obtain that referral before scheduling your appointment. Referrals (including allergy shots, biologic treatments, and procedures) must be up-to-date and on file before all appointments. You will be responsible for any charges resulting from an expired referral.

4. Co-payments: Co-payments must be paid at the time of service.

5. Private pay: If you do not have insurance, a $300 deposit will be required for a New patient visit; a $150 deposit will be required for an Established Patient visit. If any amount remains after charges are covered, it will be applied to future visits. Most services will receive a 20% discount.

6. Non-covered services: Our providers follow appropriate medical guidelines for standards of care based on your medical condition. Please be aware that some of your services may be determined by your insurance plan to be only partially or not covered. You will be responsible for the cost of services not paid by insurance.

7. Claims submission: We will bill your insurance company on your behalf. You are responsible for knowing your insurance benefits. Coverage, co-payments, co-insurance, and deductibles can change annually. Some insurance companies have time limits on when claims must be submitted. We can only file the claim promptly if we have the correct information.

8. Account balances: All account balances are due upon receipt of your billing statement. The account may be

referred to a third-party collector if it becomes past due. Continued failure to pay the account balance may result in discharge from the practice, including family members who are also patients. In such a case, you may request that your medical records be transferred to another provider at no charge. If you are discharged, you may be reinstated to the practice only after all financial obligations are paid in full.

9. Payment method: We accept cash, checks, and credit cards, including American Express, Discover, MasterCard, or Visa.

10. Returned checks: Any non-sufficient fund checks will be charged a $35 fee.

11. Credit card on file: We encourage patients to keep a credit card on file to make the checkout process easier and faster. After your insurance has paid its portion of your bill, we will notify you via e-statement of the balance owed, charge your credit card the balance owed 31 days after you receive your e-statement, and send a receipt for the set amount. Credit card numbers are encrypted and stored securely off-site. No credit card numbers are stored at our practice. All Private Pay patients are required to have a credit card on file, or they will not be scheduled or seen for an appointment.

12. Telephone service: If you request medical services via telephone instead of a visit to our office, including after-hours, you may incur telephone service fees. These fees will be billed to your insurance company but may not be a covered service. You must be an established patient to request this service. If the phone visit pertains to an office visit within the previous 7 days or results in an office visit within 24 hours or the next available urgent visit, you will not be charged for telephone service.

13. Late cancel and no-show appointments: If you arrive more than 15 minutes after your scheduled time, we may ask you to reschedule for another day. Most late-cancel (less than 24-hour notice) and no-show appointments will incur a $75 fee. If a patient late-cancels or is a no-show twice within 12 months, the patient and other family members on the account may be discharged from the practice. While we send out courtesy electronic reminder notices, the patient must attend the appointment or give us 24-hour notice for canceling or rescheduling.

14. Divorce/separation: In cases of divorce or separation, the legal guardian and/or the person completing paperwork and bringing the child in for the initial visit will be considered the Guarantor and will be held responsible for paying for any medical services. If you provide legal documentation that someone other than the legal guardian is financially accountable and supply billing information for that responsible party, we will attempt to bill that party. However, if the balance is unpaid by that person, you will be held responsible for the balance on your child's account.

ASSIGNMENT OF INSURANCE BENEFITS/CONSENT TO CARE

I authorize payment of medical benefits to the providers of Northwest Asthma & Center (NAAC). I also allow the release of any medical record information necessary to process the insurance claim. I understand that regardless of insurance coverage, I am responsible for my account and any balance due within 30 days of invoice. I further consent for me/my child to be evaluated and treated by Northwest Asthma & Allergy Center. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse this plan of care. I will ask for any information I want to have about my medical care and will make my wishes known. I understand that NAAC participates in training physicians and other healthcare providers and consents to their involvement. I know that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me regarding the likelihood of success or outcomes of any examination, treatment, diagnosis, or test performed at or by NAAC.

MEDICATION HISTORY DOWNLOAD

I consent to the retrieval and review of my medication history. I understand that this will become part of my medical record. A medication history is a list of medicines healthcare providers recently prescribed for a patient. It is collected from various sources, including a patient's pharmacy, health plans, and other healthcare providers.

PARTICIPATION IN HEALTH INFORMATION EXCHANGE

Federal and state laws may permit this clinic to participate in organizations with other healthcare providers, insurers, and other healthcare industry participants and their subcontractors in order for these individuals and entities to share my health information with accomplish goals that may include but are not limited to improving the accuracy and increasing the availability of my health records; decreasing the time needed to access my information; aggregating and comparing my information for quality improvement purposes; and such other purposes as may be permitted by law. **I hereby authorize Northwest Asthma & Allergy Center (NAAC) to provide a copy of my medical record or portions thereof to any health information exchange or network with which NAAC participates and to any other participant in such health information exchange or network for purposes of treatment, payment, health care operations, and the purposes discussed above, and in accordance with the terms of the participation agreement for that health information exchange or network.** I understand that information disclosed under this paragraph may include, among other things, confidential HIV-related and additional information relating to sexually transmitted or communicable diseases, information relating to drug or alcohol abuse and/or dependence, mental or behavioral health information (excluding psychotherapy notes), genetic testing information, and/or abortion-related information. I understand that by placing my request in writing to the Privacy Officer, I may revoke this authorization at any time. However, I know that a healthcare organization cannot take back information already released under this authorization. This authorization will expire upon revocation.

Patient/Guarantor Signature	Date
Printed Name of Signature Above	Relationship to Patient

Patient's Name	Date of Birth	Acct # (office use)
Patient's Name	Date of Birth	Acct # (office use)
Patient's Name	Date of Birth	Acct # (office use)