**Beacon Outpatient Management**
14707 Perkins Road
Baton Rouge, LA 70810-2216
Phone: 866-214-5718 | Fax: 225-810-4050

# Office Policies, Procedures & Privacy

We look forward to a productive and respectful treatment partnership. This document outlines our office policies and procedures. Pl ease review carefully. By initialing and signing where indicated, you acknowledge and agree to comply with these terms.

## Quality of Care & Courtesy

**We strive to provide a high quality of service to those under our care. An atmosphere of mutual trust and cooperation is important for successful treatment outcome. Feedback on how we can improve is always welcome.**

- As a courtesy to others, please refrain from smoking, eating, using mobile devices, or leaving children unattended in our waiting room. You are responsible for any damages caused.

- To comply with HIPAA regulations and protect patient confidentiality, recording and/or photo taking devices are prohibited, including but not limited to cellular devices, camcorders, and/or recorders.

- Only patients or authorized caregivers should be present at appointments unless otherwise approved

- Rooms may be monitored for patient safety purposes

## Confidentiality

**Your privacy and medical information is a priority. We will not share your personal health information unless mandated by law, including:**

• Imminent risk of harm to yourself or others

• Subpoena of records

• Insurance company requirements

• Reports of child abuse/neglect

• Reports of sexual misconduct by a healthcare provider

Should you require the presence of your physician for any court appearances, you will be responsible for a minimum of $2,500.00 per hour, minimum of four hours, plus any additional costs that may occur.

## Late Cancellations & No Shows

We ask that patients who are not able to keep their appointments provide us with 24-hour advance notice. You will receive appointment reminders, please cancel or reschedule with at least 24-hour notice. We understand that unexpected situations can arise beyond your control. However, when this happens, we are unable to accommodate other patients who need the appointment and as a result, a fee will be applied.

Fees usually range between $50-$100 depending on the visit type but please refer to your local clinic for specifics as these rates can vary and differ. Late cancellation and missed appointment fees are billed to the patient. This fee is not covered by insurance and is not eligible for reimbursement with neither HSA nor FSA account. The fee must be paid prior to scheduling your next appointment.

**Patient Initials:** Sign

## Insurance Policy

Your insurance policy is a contract between you and your insurer. While we assist with claims, you are ultimately responsible for payment. You must notify us of any changes to your insurance at least 24 hours prior to your appointment, otherwise collection of our self-pay rates will be required at the time of service. If utilizing insurance, a valid insurance card MUST be present and/or on file. Delays or denials due to Coordination of Benefits or other issues will be transferred to patient responsibility after 30 days.

## Financial Policy

Payment (including insurance co-payment and/or deductible) is expected at the time of service. We accept Visa, MasterCard, Discover, AmEx, cash, or check. Depending on the services provided, additional fees may apply. Returned checks are subject to a $30 fee and must be resolved before future visits.

## Assignment of Benefits

I hereby assign and convey directly to Beacon Behavioral and its affiliated providers all medical benefits and/or insurance reimbursements otherwise payable to me for services, treatments, therapies, or medications provided. This assignment applies

regardless of whether the provider is in-network with my insurance.

I understand that I am financially responsible for all charges not covered by insurance. I authorize the release of any medical information necessary to process claims and facilitate payment. I also authorize my health plan administrator, insurance company, or attorney to release to the provider any plan documents, benefit summaries, insurance policies, or settlement information upon written request.

In addition to assigning insurance benefits, I assign to the provider any legal or administrative claims I may have related to the cost of services, including those under group health plans, ERISA, and any third-party liability or tort insurance. This includes the right to pursue claims, participate in appeals, and take legal or administrative action in my name, if necessary, at the provider's expense. This assignment remains valid for all purposes under the Affordable Care Act (PPACA), ERISA, Medicare, and applicable laws unless revoked in writing. A copy of this agreement is as valid as the original.

**Medical Records**

There is an associated processing fee for medical records of $25 for the first 50 pages and .50 for each page thereafter. Please allow up to 15 business days to be completed.

I have read, understood, and will comply with the above office policies and procedures. I agree to be financially responsible for the services provided.

**Patient Signature:** **Date:**

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## HIPAA Notice of Privacy Practices

This Notice is effective 9/25/2024

**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.**

Protected health information ("PHI") is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Beacon is required by law to maintain the privacy of your protected health information (PHI) and to provide you with this Notice outlining our legal duties and privacy practices. We understand your health information is personal and are committed to protecting it. We create and maintain records of the care and services you receive to provide quality treatment and comply with legal requirements. This Notice applies to all records of your care generated by our office, whether created by your personal provider or others, and explains how we may use and disclose your PHI for treatment, payment, and healthcare operations, as well as your rights and our responsibilities in safeguarding that information.

**We are required by law to:**

- Make sure that health information that identifies you is kept private
- Give you this Notice of our legal duties and privacy practices regarding your health information
- Notify you of any breach of your PHI
- Follow the terms of the Notice that is currently in effect

**Permitted Uses and Disclosures of Your Health Information:**

- to provide, coordinate, or manage treatment
- to family, relatives, or others you identify who are involved in your care or payment, with opportunity to agree or object, or in emergencies when it is in your best interest. Beacon shall try to obtain your consent as soon as reasonably possible after treatment is provided
- law enforcement for purposes such as legal processes or criminal activity
- for payments including insurance companies
- to contact you about fundraising activities such as demographic information and treatment dates
- to avert serious threat to health and safety including reporting abuse, neglect, or domestic violence

• for health care operations such as research, treatment review and/or staff training and performance

• coroners, health examiners and funeral directors

• for appointment reminders such as voice messages or sending SMS if you've opted in

• to business associates such as transcription, computer software providers, and answering services

• authorized federal officials for national security

• authorized by law, to a person who may have been exposed to a communicable disease or potential risk of contracting or spreading the disease

• worker's compensation laws

• public health authorities to help control disease, injury, or disability

• to correctional facilities if you are an inmate and your provider created or received your personal health information while providing care to you.

• authorized military, veterans' benefit determinations, and foreign military service requirements

• health oversight activities such as audits, investigations, and inspections

• FDA or its designees to report issues, track products, manage recalls, or conduct safety monitoring

• legal judicial or administrative proceedings including, lawsuits and disputes

• as required to do so by any other law not already referred to in the preceding categories

• when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

**Uses and Disclosures Requiring Your Written Authorization**

Your PHI will only be used or disclosed for purposes not described above if you provide written authorization. For example, we require your authorization before sending PHI to a life insurance company or an opposing attorney in legal matters. You may revoke this authorization at any time in writing, except when Beacon has already acted in reliance on it.

**Your Rights Concerning Your Health Information:**

• Right to inspect and copy

• Right to amend

• Right to an accounting of disclosures

• Right to request confidential communications

• Right to a printed copy of this Notice

Changes to this Notice: We reserve the right to change this Notice at any time.

**For Additional Information or to File a Complaint:**

If you have any questions regarding this Notice or have a concern that your privacy rights may have been violated, you may contact us using the information below. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with your local practice, the practice's Privacy Official, or directly with the Office for Civil Rights.

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| Privacy Office | Office for Civil Rights |
| Beacon Behavioral | U.S. Department of Health and Human Service |
| 14707 Perkins Road | 200 Independence Avenue, S.W. |
| Baton Rouge, LA 70810 | Washington, DC 20201 |
| 844-857-8813 | 1-877-696-6775, or visit https://www.hhs.gov/hipaa/filing-a-complaint |

**By my signature below I acknowledge receipt of the Office Policies, Procedures & Privacy along with the HIPAA Notice of Privacy Practices.**

PATIENT OR PATIENT'S LEGALLY AUTHORIZED REPRESENTATIVE SIGNATURE:

Date:

PRINTED NAME OF PATIENT'S LEGALLY AUTHORIZED REPRESENTATIVE (IF APPLICABLE):

If representative, specify relationship to the individual:

**This form will be retained in your medical record.**