

Martha E. Stewart, M.D., LLC
4060 Lonesome Rd., Mandeville, LA 70448
Phone: 985-727-770 Fax: 985-727-7375

OFFICE POLICIES

Thank you for entrusting us with your dermatological care. At Martha E. Stewart, MD, LLC our mission is to provide you with the highest quality of service and exceptional care in a comfortable, state of the art environment. Our staff is here to assist you and if you have any questions or concerns please do not hesitate to ask. We ask that you take a few moments to review our office policies. Thank you.

Billing and Insurance: It is your responsibility to know and understand your insurance plan's policies. There are a number of different insurance plans and each one has its own unique reimbursement procedures. It is your responsibility to notify us of any special requirements in your plan. We accept most insurance plans and will file all claims, including secondary insurance, to the plans with which we participate.

All co-payments and deductibles are collected at the time of service. If you have not met you deductible, we require that you pay a percentage of the contracted fee amount at the time of service. You will receive a bill for the remaining balance. It is important to understand that most insurance companies consider all procedures (i.e. freezing warts, biopsies, etc.) applicable to your surgery deductible (if you have one). If your insurance company denies your bill, you will be held financially responsible. If you have no insurance or if you are having a cosmetic procedure done, the fees will be collected in full at the time of service. If your insurance changes, it is your responsibility to notify our office at least 24- hours before you appointment to make sure we are a provider. Failure to do so may result in needing to reschedule your appointment and a thirty dollar (\$30.00) cancellation fee.

You may receive a separate bill for laboratory/pathology services for any tests Dr. Stewart or Dr. Klinger may order.

Missed Appointments: If you need to cancel or reschedule an appointment, we kindly request that you give our office 24-hour notice, so that we can give that appointment to another patient. If we do not receive 24-hour notice, there may be a thirty dollar (\$30.00) cancellation fee billed to the patient or responsible party. Patients, who miss their appointment several times, without proper notification, will be discharged from the practice.

Returned Check Fee/Collections: There will be a thirty-five dollar (\$35.00) charge for all returned checks. If it is necessary to collect unpaid fees for services rendered, you will be responsible for the charges assessed by the collection service, legal counsel, or court.

I have read and understand the financial policy of the practice, and I agree, bound by its terms.

Signature of Patient or Responsible Party

Date

Printed Name of Patient: _____

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Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. At the office of Martha E. Stewart, M.D., L.L.C, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14th, 2003 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool by which we can assess and work to improve the care we render and outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Examples of Disclosures we May Make

We will use your health information for **Treatment, Payment and Health Operations**. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. Communication of your health record between your physician and various hospital healthcare providers is also routine, to ensure continuity of care between providers. We will use your health information for payment. For example: A bill may be sent to you or a third-party (insurance) payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will use your health information for regular health operations. For example: Members of the medical staff, the risk manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Permitted or Required Uses and Disclosures

Business associates: There are some services provided in our organization through contracts with business associates. Some examples of business associates we may use are: physician services in the emergency department and radiology, certain laboratory tests, physician billing companies, and copy services we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

Notice of Privacy Practices Page 2 of 2

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also notify you of upcoming appointments via mail or by leaving an answering machine message.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Government Agencies: We may be required by applicable law to disclose health information to federal and state regulatory agencies during review processes by those agencies.

Our Responsibilities

Our office is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a copy of the revised notice at your next visit, or upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses/disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- request amendments to your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization for future use or disclosure of your health information

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our privacy officer at our practice at 985-792-5190. If you believe your privacy rights have been violated, you can file a complaint with our privacy officer or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.