



## **Notice of Privacy Practices**

### **Purpose**

As a patient of ARC Healthcare, you are entitled to know how your Protected Health Information (PHI) may be used and disclosed. This document provides guidance related to your PHI for internal uses and routine disclosures. Under Federal Law, the Health Insurance Portability and Accountability Act Privacy Rule (HIPAA), which became effective April 14<sup>th</sup>, 2003, the requirements for use and disclosure of patient information were defined.

### **Policies**

#### **1. Commitment Regarding Medical Information:**

Your medical and health information is personal and should be protected. While in our care we keep records of your health and services you receive. These records are vital to our ability to provide quality care and to comply with regulatory requirements. This document describes the ways we may use and disclose your PHI, your rights, and certain obligations we have regarding the use and disclosure of your PHI. By law we are required to:

- Keep any information that could be used to identify you private
- Keep PHI(Protected Health Information) that could be used to identify you private
- Inform you of our legal duties and privacy practices with respect to this PHI, the purpose of this document
- Follow the terms of the current Notice of Privacy Practices document

#### **2. How we May Use and Disclose your PHI:**

Listed below are categories describing the different ways that we use and disclose your PHI. Not every category will be listed, but those that are, we will explain the use or disclosure.

- **Treatment:** We may use and disclose PHI about you to provide you with medical treatment and services, making this information available to the people who will provide that treatment and service. We may share relevant information with people who will provide medical care after you leave our facility.
- **Payment:** We may use and disclose PHI about you so that the treatment services you receive may be billed to, and payment collected from you, your insurance company, or a third party.
- **Operations:** We may use and disclose medical information about you for the evaluation of the quality of care and services we render. We may provide this information, with personal identifiable information removed, to others so they can provide healthcare and healthcare services without knowing individual patient information.



**PATIENT RESPONSIBILITY AND APPOINTMENT POLICY**

Our commitment to our patients is to provide the utmost care and professionalism for your healthcare treatment, in order to help you restore your quality of life and remain safe doing so. Your responsibility as the patient is the adherence to the recommended number of appointments or treatments.

It has always been our policy here at ARC Healthcare, to give our patients the benefit of the doubt when they forget to show up for an appointment or cancel an appointment with less than **24 hours notice**.

In addition, based on our No-Show or Cancellation Less Than 24 Hours in Advance Policy: **We reserve the right to charge a \$25 fee for a missed appointment or cancellations less than 24 hours.** We ask that you please contact us no later than 5:00 PM the business day prior to your appointment if you need to reschedule. This charge will not be covered by insurance, but will have to be paid by you personally. Even if it is a last minute cancellation, we would greatly appreciate you notifying us.

The main reason for this policy is that missed appointments create scheduling conflicts and interrupt the continuity of your care and other patients.

**Please initial below:**

\_\_\_\_ I understand I have access to my private healthcare information and how my PHI is disclosed.

\_\_\_\_ I grant ARC Healthcare permission to disclose my health information to the following individuals or entities: \_\_\_\_\_

\_\_\_\_ I understand and will do my best to adhere to the appointment policy.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date