

St. Clair Medical Group Policies & HIPAA

Welcome to **St. Clair Medical Group** and thank you for choosing us as your healthcare provider. We would like to take this opportunity to advise you of our practice policies. These policies help us to provide quality care in an efficient manner. Please do not hesitate to contact our office manager if you have any questions about these policies.

NOTICE OF PRIVACY PRACTICES

We value our patients' rights to privacy in regard to their health information. Please take a moment to review our Notice of Privacy, which provides a complete description of permitted uses and disclosures of healthcare information.

DISCLOSURE OF HEALTH INFORMATION (HIPAA)

I wish to allow full disclosure to the following family members, friends, or individuals. I understand that I may change this list at any time:

NAME	RELATIONSHIP	PHONE NUMBER

Any exceptions to the disclosure please note here: _____

In the event that we need to contact you, are we permitted to leave a message on your answering machine? Yes No

In case of an emergency, may we contact an individual listed above? Yes No

ST. CLAIR MEDICAL GROUP POLICIES

- You are responsible for notifying us of any changes to your address, personal information, or insurance information.
- St. Clair Medical Group** is pleased to process your insurance claim for reimbursement. However, please remember that:
 - You must present your insurance card and photo ID at each visit.
 - Your insurance is a contract between you, your employer, and the insurance company. **St Clair Medical Group** is not a party to your health insurance contract.
 - Not all services are covered benefits on all insurance contracts. Some insurance companies have certain services that they will not cover.
- All copayments are to be paid in full at the time of service.
- If you do not have health insurance coverage or do not bring proof of health insurance coverage to each visit, payment in full will be due at the time of your visit.
- We accept payments in the form of cash, personal check, and most major credit cards. However, we **do not accept Care Credit**. If you are in need of financial assistance, please review St. Clair Medical Group policy on <https://www.stclair.org/billing-insurance/financial-assistance/>
- St. Clair Medical Group** and/or agencies working on St Clair Medical Service's behalf may need to contact patient or guarantor via land phone line or cell phone regarding balance due for services.
- Out of consideration to our other patients, if you arrive more than 15 minutes late to your appointment, there may be a delay in your visit, or you may be asked to reschedule your appointment.
- Please understand that our appointment times are limited. If you are unable to keep your scheduled appointment please notify us at least **24 hours in advance** to reschedule.
- St. Clair Medical Group** requests previous medical records so that we may have the best understanding of your medical history.

PATIENT ACKNOWLEDGEMENT

I have read and understand my responsibilities as outlined above. I acknowledge the receipt of the Notice of Privacy Practices.

Patient Name (PRINTED)

Signature of Patient or Responsible Party, if a Minor

Date

FOR OFFICE USE ONLY

A good faith effort was used to obtain written acknowledgement of the Notice of Privacy Practices on:

Office Staff Name (PRINTED): _____ Office Staff Signature _____ Date: _____