

Ascent Urgent Care Policies

Policies:

Thank you for visiting Ascent Urgent Care!

As an urgent care facility, the receptionist may ask you a few questions about the nature of your health problem or illness. Please do not feel that they are trying to compromise your privacy. The information they obtain is vital to taking care of you in an appropriate manner. If you feel you may be overheard, please ask to step into one of our private areas.

We make every effort to see our patients promptly in the order of arrival. Sometimes, however, emergencies occur which may delay your care. Also, at times we may see certain patients ahead of others when our staff feels their condition requires urgent attention. We appreciate your patience and understanding in these situations.

Insurance carriers require paperwork. Please have a copy of your current insurance eligibility cards with you. You must present health insurance eligibility verification, photo I.D.

Treatment of Minors:

Patients who are less than 18 years of age will require consent for treatment by a parent or other legal guardian. If a parent or legal guardian does not accompany the patient to the visit, the parent or legal guardian may write a note or complete the [Authorization Form](#) and fax it to the clinic prior to the patient being seen.

Telephone consent is not permissible.

According to Michigan State Law, patients who are less than 18 years of age and who are emancipated and living on their own do not need a parental consent. Patients who are less than 18 years of age and are being seen for a sexual-related matter also do not need a parental consent.

Prescription Refills:

For Medications We Prescribe

As an urgent care facility, our clinic does not offer prescription refills over the telephone. If you need more of the medication one of our physicians prescribed, you will need to be seen by us again. The best thing to do for a prescription refill is to call your primary care provider, who may or may not offer a prescription refill over the telephone.

For Medications Prescribed By another Physician

If you are unable to see your private physician to get a refill of one of your long-term medications – such as blood pressure medicine, asthma medication, etc. – we may be able to assist you by giving you a refill for a short period of time. This requires a complete evaluation by our medical staff, which will then refer you back to your primary physician.

Your private physician best handles prescription refills for medications considered “controlled substances” by the U.S. Government – such as pain medications and anti-anxiety medications. Because of the nature of these medications, our medical staff will sometimes be unable to refill your prescriptions at all. If they are able to do so, they will often want to contact your primary care physician and have you fill out other paperwork related to these medications, and the refill will be for an extremely limited period.

After-Hours Care:

For after-hours emergency attention, please call your primary care provider. They will page the physician on call – who will contact you directly. Routine questions about mild illnesses, prescription refills and appointments should be directed to your primary care provider during normal business hours. If you do not have a primary care provider and you have an emergency or urgent medical condition when our facilities are closed, you should contact the local emergency department or call 911.

Return Visits for Same Problem:

Sometimes medical problems are such that a patient has to be seen on more than one occasion for treatment. A patient may have a procedure performed, which requires a return visit, or the physician may want to re-evaluate an ongoing problem. According to most all insurance plans, patients are required to pay a copay for each patient visit and each provider evaluation. We appreciate your understanding. If you have a primary care provider and would like to have a re-evaluation by this provider, we will make every effort to help you make an appointment with this provider.

Payment and Billing Policy:

Ascent Urgent Care accepts most commercial insurance plans. When you seek our services and have insurance, you will be responsible for your urgent care co-payment at the time of service. We then bill your insurance for the services rendered, and if there are any charges not

covered by your insurance, these become your responsibility. You will receive a statement for those charges. Any account which is not paid in full within 30 days of the invoice date must be paid in full before any further services can be rendered. We apologize for any inconvenience it might cause to our clients.

We at Ascent Urgent Care understand that in current tough economic times it is not possible for everyone to cover their health care expenses. In such cases we strongly advise patients not to compromise their health just because they do not have health insurance. They can seek help from the local hospital resources or from one of the free/minimal cost health care facilities in the area by clicking on [List of Free Health Care Facilities](#) & a list of [Community-Based Free/Low-Cost Mental Health Services](#).

Ascent Urgent Care is not affiliated with any hospital and is not funded by any City, State or Federal Government. In order for us to ensure we are available to provide our patients the best quality health care, it is essential that we are paid for our services either by the insurances that our patients carry or by the patients themselves so that we are able to pay our bills and stay open.

We encourage all of our patients to contact their insurance company prior to treatment to make sure that the visit will be covered at our facility. Although we participate with many insurance plans, some insurers may prefer that the patient be seen at another facility. It is the patient's responsibility to know his or her own insurance benefits.

We offer prompt pay discount to our patients who do not have health insurance and those patients who do not want us to bill their insurance companies.

Under prompt pay discount program a charge of \$98.00 is collected at the time of check-in. If x-rays, supplies, medications, or other procedures are required (or ordered), these services are at additional costs for which the patient will be responsible at the end of the visit.

As you know, our physicians cannot "guess" what could be causing a patient's ailment, but rely on a physical examination and the results from tests to arrive at a diagnosis and course of treatment. We perform a few laboratory tests at our facilities (urinalysis; urine pregnancy; and rapid strep and mononucleosis). Some tests may need to be sent to an outside laboratory. You are responsible for the costs of these tests, and you will receive a separate bill from the outside laboratory.

Credit Policy:

All charges for patients without insurance are due and payable at the time of service. We accept cash, checks, VISA, MasterCard, American Express and Discover.

For insured patients for whom we submit a claim to the health insurance company, all charges are due and payable in full within 30 days of the billing charges. We do however recognize the often-unexpected nature of medical costs, and we encourage our patients to discuss payment arrangements with the Patient Account Specialists in our billing office.

Accounts may be referred to a collection agency or for legal action if the financial obligations cannot be resolved.

Billing Questions:

All billing and payment questions should be directed to our billing Department. The phone number is **810-632-0086**.

Policy for use and disclosure of Patients Protected Health Information

PURPOSE: This policy describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information

The practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval for the hospitalization. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

C. Operations. We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the practice and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures. As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment.
- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required. We will disclose your protected health information when we are required to do so by any Federal, State or local law.

B. When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection With Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization (in a format approved by the Michigan Court Administrator).

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To law enforcement official if the practice has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For Research Purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

I. In the Event of a Serious Threat To Health Or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions. In certain circumstances, the Federal regulations authorize the practice to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. The practice may release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

A. The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last pages of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

B. The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your protected health information in violation of that

restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to have your physician amend your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the practice. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VI. Our Duties

The practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the practice changes its Notice, we will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail or through in-person contact.

VII. Complaints

You have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the practice by contacting the practice's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

The practice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the practice can be mailed to the Privacy Officer by sending it to the following address:

Ascent Urgent Care
PO BOX 2280
Brighton, MI 48116
Attn: Privacy Officer