

ABSOLUTE HEALTH POLICIES (v05.05.2023)

***Self-Pay Patient Policy**

All fees are to be paid on the day services are rendered, for doing this you will receive our day of service discount. If for any reason the patient is unable to pay the full balance due at the time of service, the rate for services rendered will be changed to our Master Fee schedule which is significantly more. If this occurs, at your next visit you will be required to pay 10% of your balance and that day of service in full, otherwise we will have to reschedule your appointment.

***Service Not covered by Insurance Policy**

Our office strives to provide for all your healthcare needs, including IV treatment, Hyperbaric Oxygen Therapy, Neuro Biofeedback, Weight Management, our Supplement Store and much more. Services not covered by insurance are optional and you will be informed of any costs PRIOR to receiving them.

***Patient Scheduling Policy**

All visits require an appointment; we do not accept walk-ins. We schedule same day appointments as available, on a first come-first served basis.

***No Show & Rescheduling Policy**

Cancelled/Reschedule requests must be completed **24 hours prior** to the appointment. If an appointment is scheduled for Monday, it must be cancelled/rescheduled by the preceding Friday, before the close of business. Failure to comply with the policy will result in a **\$30.00** fee for existing patients and **\$60.00** for new patient and Lifestyle appointments. Fees must be paid in full before the patient is seen by the provider.

***On Call Policy**

There will always be a provider on call for all urgent matters that cannot wait until the following business day. (This does not include medication refills). If there is an emergency, you are instructed to call 911. Non-urgent messages left after hours will be addressed as soon as possible during normal business hours on the following business day(s).

***Refill Policy**

All medication refill requests will be processed within 48 hours of being received. No medications will be refilled outside of normal business hours including weekends and holidays. Refills are not guaranteed, and an office visit may be required for refills.

***Prescription Drug History Policy**

We view your external prescription drug history via electronic historical information services and a variety of other sources. This will provide information about medications you already take to minimize the number of adverse drug events. Your prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacies may be viewable by the provider and medical staff, and it may include prescriptions history from previous years.

***Insurance Information Policy**

Information provided must be accurate. It is your responsibility to update Absolute Health of any changes to your insurance plan as they become available, or you may be held liable for the full balance of my treatment.

***Photography Policy**

Absolute Health utilizes your photograph (digital camera/ video may be used) with your knowledge as part of your medical record. Photo placed in your electronic medical record **ONLY** for identification purposes and/or medical documentation.

ABSOLUTE HEALTH POLICIES

***Electronic Communication Policy**

Absolute Health and its affiliates utilize SMS text message for appointment reminders, medication refills, and other personal health information.

Message/data rates may apply to messages sent by Absolute Health or its affiliates under your cell phone plan. You under no obligation and you may opt-out of receiving these communications at any time by requesting so in writing, by phone or in person at Absolute Health. Please allow 2-3 business days for processing.

Text messaging is not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such text may be misdirected, disclosed to, or intercepted by unauthorized third parties.

Please be aware of the following:

- Information included in text messages may include your first name, date/time of appointments, name of physician, and physician phone number, or other personal health information.
- Unless you opt out, you accept the risk explained above and consent to receive text messages from Absolute Health and its affiliates to the cell phone number that you have provided.
- You may choose to communicate through your patient portal, and by using the Healow mobile app, which you will be given access to automatically. It is up to you to log in and set up these patient portals.

*** General Consent for Care and Treatment**

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific treatment plan has been recommended. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing the policy acknowledge and agreement form, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

You are voluntarily requesting a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought you to seek care at this practice. You understand that if additional testing, invasive or interventional procedures are recommended, you will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

***Health Information Exchange Policy**

Absolute Health will view and access your health information through a computerized system called Health Information Exchange (HIE). This will also include PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis). PRISMA is a health information search engine for patient information.

How your health information will be used:

- Provide you with medical treatment and related services
- Coordinate your medical care with other healthcare providers
- Improve the quality of medical care you receive

Your health information may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medications you have taken. This includes information created before and after the date your consent is given.

Sensitive health conditions may also be included, such as:

- Alcohol or drug use problems
- Birth control, abortion, family planning
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

Health information about you comes from places that have provided you with medical care. These include hospitals, physicians, pharmacies, laboratories, the Medicaid program, nursing care services, emergency medical services, and other health organizations that provide information to the HIE.

Only authorized people that work for the Provider may access information about you through the HIE. These include, but are not limited to:

- Doctors and other medical and non-medical staff directly involved in your medical care
- Doctors and other medical and non-medical staff on call or covering for your doctor and directly involved in your medical care

Improper use or access of your health information: There are penalties for wrongful access to or use of your health information through the HIE. If at any time you suspect that someone who should not have seen or gotten access to your health information has done so, immediately contact **The Office Manager, at Absolute Health 7350 SW 60th Ave, Suite 2, Ocala FL 34476.**

Health information about you may be re-disclosed by the Provider to others only to the extent permitted by state and federal laws and regulations. Healthcare providers who access this information through the HIE must comply with these regulations.

You may withdraw your consent at any time by submitting a request to do so in writing to Absolute Health.

Providers that have accessed your health information through the HIE while your consent was in effect may copy or include your health information in their own medical records. If you decide to withdraw your consent, those providers are not required to return or remove your health information from their records. You are entitled to get a copy of this policy at any time.



Uninsured/Self Pay New Patient

Good Faith Estimate

Facility Information:

Absolute Health Internal Medicine and Pediatrics
 7350 SW 60th Ave. Suite 2 Ocala, FL 34476
 Tax ID #: 205100672

Contact Department:

Billing Department
 Email: info@absolutehealthocala.com
 PH: (352) 644-4444

Rendering Providers:	
Yousef Elyaman, MD, IFMCP; NPI: 1548248446	Samantha Hoppel, FNP-BC; NPI:1588256630
Payal Bhatt Abraham, MD, MPH, IFMCP; NPI: 1528222452	Angela Johnson, FNP-BC; NPI: 1881288256
Alexis Dillard, FNP-BC; NPI: 1598430779	Kaitlyn Hoppel, FNP-C; NPI: 1457066524
Abbey Zillweger, PA-C; NPI: 1407420847	

This estimate is valid through 12/31/2022.

Service/Procedure:	Diagnosis Code:	Service/Procedure Code:	Date scheduled: (if known)	Estimated Cost:
New Patient Establish Care Visit	Unknown prior to appointment	99204	Unknown	\$179.00

DISCLAIMER

This Good Faith Estimate is not a contract and does not require you to obtain any of the items or services from any of the providers or facilities identified in this Good Faith Estimate.

Additionally, there may be additional items or services which Absolute Health and/or its providers recommend as part of your care that you will be required to schedule separately which are not reflected in this Good Faith Estimate.

This Good Faith Estimate only provides an estimate of the charges for those items or services reasonably expected to be furnished to you upon your receipt of the scheduled/requested primary service/procedure, and paid for in full on the date of the service/procedure. Actual services/procedures received in connection with the scheduled/requested primary service/procedure, and the charges stated in your bill, may differ from those services, procedures and estimated charges listed in this Good Faith Estimate. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur.

Federal law allows you to dispute (appeal) the bill.

If your final charges are at least \$400 higher than the Good Faith Estimate, you have the right to dispute the bill. You may contact the healthcare provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare provider or facility, you will have to pay the higher amount.

To learn more and get a form to start this process, go to www.cms.gov/nosurprises or call 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount and dispute the bill.

Notice of privacy practices: Absolute Health Internal Medicine & Pediatrics

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

A. Our commitment to your privacy: Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices, in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact: The Office Manager at Absolute Health.

C. We may use and disclose your PHI in the following ways: The following categories describe the different ways in which we may use and disclose your PHI.

- 1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers and health information exchanges for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers, health information exchanges, and entities to assist in their health care operations.
- 4. Optional Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Optional Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

- 6. Optional Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Optional Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
- 8. Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

D. Use and disclosure of your PHI in certain special circumstances: The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public health risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
- Maintaining vital records, such as births and deaths,
 - Reporting child abuse or neglect,
 - Preventing or controlling disease, injury or disability,
 - Notifying a person regarding potential exposure to a communicable disease,
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
 - Reporting reactions to drugs or problems with products or devices,
 - Notifying individuals if a product or device they may be using has been recalled,
 - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Health oversight activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law enforcement.** We may release PHI if asked to do so by a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
 - Concerning a death we believe has resulted from criminal conduct,
 - Regarding criminal conduct at our offices,
 - In response to a warrant, summons, court order, subpoena or similar legal process,
 - To identify/locate a suspect, material witness, fugitive or missing person,
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- 5. Optional Deceased patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 6. Optional Organ and tissue donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- 7. Optional Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an

Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

- (A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.
- (B) The research could not practicably be conducted without the waiver,
- (C) The research could not practicably be conducted without access to and use of the PHI.

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI: You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to: Office Manager, Absolute Health 7350 SW 60th Ave, Suite 2, Ocala FL 34476 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to: Office Manager, Absolute Health 7350 SW 60th Ave, Suite 2, Ocala, FL 34476

Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure, or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Medical Records**, Absolute Health 7350 SW 60th Ave, Suite 2, Ocala FL 34476 in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Medical Records**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to [insert name or title, and telephone number of a person or office to contact for further information]. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact The Office Manager at Absolute Health (352) 854-5530.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact [insert name or title and telephone number of the contact person or office responsible for handling complaints]. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **The Office Manager, at Absolute Health 7350 SW 60th Ave, Suite 2, Ocala FL 34476.**