

Sislen & Associates

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Phone 202-296-0670

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FINANCIAL POLICY

We are committed to providing you with the best possible care. We will submit insurance claims for Medicare in order to help you receive your maximum allowable benefits in accordance with your insurance policy. For those individuals with insurance plans we do not participate with, we will provide you with the necessary documents to submit your claim.

If your insurance plan requires a referral to see a specialist and you are seeing one of our physicians as a specialist, you **must** present that referral to the receptionist when you check in. If you do not have a referral you must call your primary care physician and have one faxed over immediately or you may have to re-schedule your appointment and will be charged a fee.

Due to the ever-changing health insurance laws and regulations we cannot guarantee that all provided services we provide will be covered by your insurance policy. In the event that your insurance does not cover a service we provide, you will be responsible for the charges. Payment of these non-covered services as well as any co-payments are due at the time service is rendered. We accept cash, checks, Visa, MasterCard, American Express, and Discover.

Our office is not a preferred provider with the Carefirst Network. If you have the Basic plan with CareFirst, you must agree to pay in full for all services rendered. If you have BlueChoice with an Opt Out component you must agree to pay our entire charges for all labs, X-rays, and other services performed in our office for which your plan will not pay. If you have BlueCross HMO and you are seeing a physician who is not your Primary Care Physician, you must agree to pay in full for all services performed in our office.

A fee of \$35.00 will be charged for any returned checks or appointment re-scheduling.

A cancellation fee of \$35.00 will also be charged for any appointments that are missed or cancelled without a 24-hour notice.

An additional fee will be charged for patients requesting copies of their medical records for purpose other than medical consults.

Signing below indicates that you have read and understand our Financial Policy.

Signature

Date

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**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have reviewed/received a copy of
Sislen & Associates' Notice of Privacy Practices.

Signature of Patient

Date

We Care About Your Privacy

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We needed this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights in certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We have the right to:

1. Change our privacy practices in the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices in the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices:

1. Before we make an important change in our privacy practices, we will change this notice and make a new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section that describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to be used and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For treatment:

We may use of medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other healthcare providers to assist them in treating you.

For payment:

We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

For healthcare operations:

We may use and disclose your medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

Additional uses and disclosures:

In addition to using and disclosing your medical information for treatment, payment, and healthcare operations, we may use and

Facility directory:

Unless you notify us that you object, the following medical information about you will be placed in our facility directories: your name; your location in our facility; your condition described in general terms; your religious affiliation, if any.

Notification:

We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your healthcare, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster relief:

We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Research in limited circumstances:

We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral director, coroner, medical examiner:

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized government functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the president and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court orders and judicial and administrative proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other disclose medical information for the following purposes. lawful process, under certain circumstances. Under limited circumstances such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share in the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public health activities:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose medical information to persons subject to the jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of abuse, neglect, or domestic violence:

We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Worker's Compensation:

We may disclose health information when authorized or necessary to comply with laws relating to Worker's Compensation or other similar programs.

Health oversight activities:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Appointment reminders:

We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Alternative and additional medical services:

We may use and disclose medical information to furnish you with information about health related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

YOUR INDIVIDUAL RIGHTS**You have the right to:**

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and healthcare operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Requested that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer.
5. Request that change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include changes in any future sharing of that information.
6. If you wish to receive a paper copy of this privacy notice, and you have the right to obtain a paper copy by making a request in writing to our privacy officer.

Questions and complaints:

if you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer.

If you think that we may have violated your privacy rights, you may speak to our Privacy Officer and submit a written complaint. To take either action, please inform the receptionist that you wish to contact the privacy Ofc. or request a complaint form. You may submit a written complaint to the U.S. Department of Health and Human Services; we will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

*These privacy practices are currently in effect and will remain in effect until further notice.