

EMERGENCIES Indiana Health Group is a private practice and is not designed as a crisis unit. If you ever feel you are in crisis DIAL 911 or go directly to the nearest emergency room.

SCHEDULING - You can schedule your appointment by either calling the office in which you are scheduled or by submitting your request online at indianahealthgroup.com. Click on "contact us" and then choose "appointments".

CANCELLATIONS -

You can cancel your appointment by either calling the office in which you are scheduled or by submitting your request online at indianahealthgroup.com.

PLEASE NOTE: **A 24-HOUR NOTICE (business hours Monday through Friday only) ADVANCE NOTICE IS REQUIRED FOR ALL CANCELLATIONS.**

CHECK-IN PROCEDURES

Please check-in with our receptionist when you arrive for your appointment.

Please make sure to update any information that may have changed (insurance, address, phone, etc).

It is your responsibility to check in for each appointment if you are scheduled to see **one or more providers on the same day.**

Payment of co-pays, deductibles, non-covered services and any balance due on your account are required at check-in.

If you arrive late for your scheduled appointment time, you may be required to reschedule so that other patients are not inconvenienced.

MEDICATION REFILLS, QUESTIONS, CONCERNS, AND LAB RESULTS

These topics should be addressed at the time of your appointment. If you will run out of medications or have a question or concern prior to your appointment, you can either call the office in which you are seen or visit our website at indianahealthgroup.com. Walk-in's are discouraged.

PLEASE NOTE: **Medication refills will NOT be called in outside of normal business hours, weekends, or holidays.**

NON-MEDICAL RELATED CONCERNS

Should be handled with your therapist. We would encourage you to schedule an appointment.

INSURANCE AND PATIENT ACCOUNT QUESTIONS

INSURANCE or ACCOUNT QUESTIONS - Please contact your insurance directly if you have questions regarding the way your claim was processed. To contact a member of our billing team visit us online at indianahealthgroup.com, click on contact us and choose billing or call them at 317-843-9922.

CLAIM / CHARGE DISPUTE - Therapist, doctors, nurses, clerical staff, and/or billing department personnel are unable to waive or modify fees. The decision rests with the administration of Indiana Health Group. The patient must complete and submit an account dispute form available either online or you may request a paper form from any staff member of Indiana Health Group.

PATIENT RESPONSIBILITIES

- I agree and consent to participate in the mental health services offered and provided by INDIANA HEALTH GROUP, INC., a mental health provider as defined in Indiana law.
- I agree to provide (to the extent possible) my treating clinician with information needed to receive appropriate care.
- I understand that it is my responsibility to understand my health problems and participate, to the degree possible, in developing, with my treating clinician, mutually agreed upon treatment goals.
- I understand that it is my responsibility to follow plans and instructions for care that I have agreed on with my treating clinician

PATIENT RIGHTS

- Be treated with respect and recognition of my dignity and right to privacy
- Receive care that is considerate and respects my personal values and belief system
- Personal privacy and confidentiality of information
- Reasonable access to care, regardless of my race, religion, gender, sexual orientation, ethnicity, age or disability
- Participate in an informed way in the decision-making process regarding my treatment planning
- Discuss with my treating professionals appropriate/medically necessary treatment options for my condition regardless of cost / benefit coverage
- Adequate and humane services regardless of the source(s) of financial support
- An individualized treatment or program plan with periodic review of the treatment or program plan
- Designate a decision maker if I am incapable of understanding a proposed treatment or procedure or am unable to communicate my wishes
- Voice complaints or appeals about my managed care company, provider of care or privacy practices
- Be informed of rules and regulations concerning my own conduct
- Request access to my Protected Health Information (PHI)
- Request to inspect and obtain a copy of my PHI, to amend my PHI or to restrict the use of my PHI, and to receive an accounting of disclosures of PHI

FINANCIAL POLICIES – INSURANCE AND PATIENT ACCOUNTS

The patient is ultimately responsible for all charges incurred with Indiana Health Group.

Please be aware that mental health benefits are normally different from your medical benefits. Indiana Health Group does not verify insurance benefits information until after your initial visit with our group. It is your responsibility to verify and familiarize yourself with your mental health benefits. It is the patient responsibility to obtain an initial authorization for services if required by insurance.

Our providers participate with different insurance plans. We make every attempt to schedule you with an in-network provider however; we cannot guarantee that the provider you are scheduled with is active in your network. It is the patient responsibility to confirm that any/all providers with whom they are scheduled are participating in their insurance network. Patients will be responsible for charges incurred as a result of services rendered with an out-of-network provider.

Indiana Health Group will file all claims with your primary insurance company upon submission of proof of insurance. Indiana Health Group will file secondary insurance claims for contracted insurance carriers only.

Private Pay Services / Out of Network Insurance Billed Services - Payment is due at the time of service.

Insurance Billed Services - Co-payments & deductibles are due at the time of service.

Our office reserves the right to cancel or refuse services for patient accounts with past due balances. *Patients will be unable to schedule appointment if they have 2 outstanding co-payments, an account balance of \$100 or more, or if your account balance is greater than 30 days past due after insurance processing.*

Accounts in violation of our financial policy are subject to placement with a third-party collection agency. The patient will be responsible for reasonable attorney and collection fees.

All returned checks would be assessed with a \$30 processing fee. The original check amount plus the processing fee must be paid at your next appointment or within 10 days, whichever occurs first. Indiana Health Group reserves the right of check refusal.

Statements reflecting the "patient due" amount will be mailed on or around the 10th day of each month. Payment in full is due upon receipt of the statement.

Acceptable methods of payment: Cash, Check, Money Order, and bank cards including VISA, MasterCard, Discover and American Express.

NON-COVERED SERVICES

Charges are deemed non-covered by insurance companies and are the responsibility of the patient.

MISSED or LATE CANCELLED APPOINTMENTS

A charge of \$50.00 **up to full fee** will be applied for EACH appointment cancelled with less than a 24-hour notice (business hours Monday through Friday only)

A charge of \$75.00 **up to full fee** will be applied for EACH appointment that is missed without notification.

The amount of the charge is left at the discretion of the provider.

Payment will be due within 10 days of the missed/late-cancelled appointment or at your next visit, whichever occurs first.

Multiple missed or late-cancelled appointments could result in the inability to continue to provide services to you.

LATE ARRIVAL

You may be required to reschedule (at the discretion of your service provider) if you arrive late for your scheduled appointment.

TELEPHONE CONSULTATIONS - Telephone consults are not billable to insurance carriers. Full fee is due prior to the telephone consult. Payment can be made over the telephone via credit/debit card. The patient is to supply the telephone number in which to be contacted, Indiana Health Group staff will contact the patient at the time of the appointment, conduct check-in procedure, and the call will then be transferred to the therapist/doctor for the consult. Should the patient not be available a missed appointment charge will apply.

FORENSIC (depositions/court time) - A \$500.00 retainer fee is required. Payment in full is due at the time of scheduling. Hourly individual provider fees vary. Forensic fees have a minimum of two times the provider base rate plus travel time. A separate letter of engagement is required for these services.

DOCUMENT PREPARATION - Document review with signature only will be charged a minimum of \$10.00. A fee of \$50 per every 15 minutes of time required to complete paperwork (including but not limited to work, disability, FMLA, life insurance, etc) will be charged for all forms completed outside of your schedule office visit. Payment in full is required prior to the release of the completed paperwork.

MEDICAL RECORDS - A current written release of information is required for all requests. All requests for medical records will be charged according to Indiana State Law. Payment is due prior to the processing of your request. There is no charge for records released directly to another healthcare professional for treatment purposes.

MEDICATION REFILL FEE

A \$15.00 prescription refill processing fee will be charged if the refill is due the patient missing their appointment, failure to schedule an appointment within the recommended time frame from your doctor, loss of medication or prescription or other patient negligence.

CASE MANAGEMENT - *Services provided outside of scheduled appointment times. (A consultation either via telephone or in person with parties outside of Indiana Health Group, such as family members, school officials, attorneys, physicians, etc.) A release of information is required.*

For additional details on our policies please visit our website at www.indianahealthgroup.com

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING HEALTH INFORMATION: We understand that health information about you is personal. We are committed to protecting health information about you. Indiana Health Group will create a record of the services you receive at our offices. We need this record to provide you with quality services and to comply with certain legal requirements.

We are required by law to: Make sure that health information that identifies you is kept private; Give you this notice of our legal duties and privacy practices regarding health information about you; and follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE HEALTH INFORMATION ABOUT YOU WITH AND WITHOUT YOUR AUTHORIZATION.

As Required by Law . We will disclose health information about you when required to do so by federal, state or local law.

Public Health Risks/Threats. We will disclose health information about you for public health reporting required by federal or state law. These activities generally include the following: To prevent or control disease, injury or disability; To report deaths; To report potential/ actual child abuse or neglect ; To report reactions to medications or problems with products; To notify people of recalls of products they may be using; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; To notify the appropriate government authority if we believe an individual served has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Law suits and Disputes. If you are involved in a lawsuit or a dispute, we will disclose health information about you when properly ordered to do so by a court or law enforcement. We will release health information if asked to do so by a law enforcement official, and if permitted by law: In response to a court order; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; About criminal conduct at the offices of Indiana Health Group. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

OTHER WAYS WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITH AND WITHOUT YOUR WRITTEN AUTHORIZATION.

The following categories describe different ways that we use and disclose health information:

Treatment. We may use health information about you to provide you with clinical treatment or services. We may disclose health information about you to clinical providers and support staff personnel who are involved in providing services to you.

Payment. We may use/disclose health information about you so that the services you received through IHG may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about services you received at IHG to receive payment. We may also tell your insurance about a service you are going to receive to obtain prior approval or to determine whether your insurance will pay for the service.

For Health Care Operations. We may use/disclose health information about you to another health care provider or health plan, if you have given us written authorization to do so.

Appointment Reminders. We may use and disclose health information about you to contact you as a reminder that you have an appointment with staff of IHG. You have a right to request confidential communications in a specific manner or at a specific location. Please remember you will need to inform us in writing if you do not wish to be contacted for the purposes of appointment reminders. Staff will be available to assist you on completing this written request.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release certain limited information about you to a family member who is your parent or guardian as allowed by federal and state law. We may also give information to a parent or guardian that is responsible to pay for the services you are provided through IHG. We may disclose health information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status, and location.

Research. Under certain circumstances we may use/disclose health information about you for research purposes. Before we use/disclose information about you that reveals who you are (name/ address) we will obtain your written authorization.

SPECIAL SITUATIONS

Military/Veterans. If you are a member of the armed forces; we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authority.

Coroners/Medical Examiners. We may release health information to a coroner/medical examiner. This may be necessary, i.e. to identify the cause of death.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.



YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Inspect and Copy - You have the right to inspect and copy your Protected Health Information. To exercise this right, you must submit your request, in writing, to IHG. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy under limited circumstances. If we deny you access to your PHI, you may in some cases request review of the denial. IHG will choose a licensed healthcare professional (who did not take part in denying your request) to review your request and the denial. We will comply with the outcome of the review.

To Request to Amend health information we have about you if you feel that it is incorrect or incomplete. You have a right to request an amendment for as long as the information is kept by IHG. To request an amendment, your request must be made in writing and submitted to IHG. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include the reason to support the request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

To an Accounting of Disclosures. This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Indiana Health Group. Your request must state a period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs for providing list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before the cost are incurred.

To Request Restrictions on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Indiana Health Group. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have a right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Indiana Health Group. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with group administrator of IHG or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at each of our locations. **If you have any questions about this notice, please contact Indiana Health Group at 317.843.9922**