

CDC – Colonial
Gastroenterology
Associates

Rights of Patients



CDC – Colonial Gastroenterology Associates has adopted a comprehensive list of patient rights and responsibilities to which we adhere for your protection and satisfaction.

- Patients are treated with respect, consideration and dignity.
- Patients are provided appropriate privacy. (HIPAA Notice Enclosed)
- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law. (HIPAA Notice Enclosed)
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patients are given the opportunity to participate in the decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Information is available to patients concerning:
 - Patient Rights
 - Patient Conduct and Responsibilities
 - Services available at this organization
 - Provisions for after-hours and emergency care
 - Fees for services
 - Payment policies
 - Patient's rights to refuse to participate in experimental research
 - Advance directives, as required by state or federal law and regulations
 - The credentials of health care professionals (available upon patient request)
- Prior to receiving care, patients are informed of patient responsibilities. These responsibilities require the patient to:
 1. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
 2. Follow the treatment plan prescribed by his/her provider.
 3. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
 4. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
 5. Accept personal financial responsibility for any charges not covered by his/her insurance.
 6. Be respectful of all the health care providers and staff, as well as other patients.
 7. In addition, there are other patient responsibilities noted under the "Patients Rights" notice provided in this binder.
- Patients are informed of their right to change their provider if other qualified providers are available.
- Marketing or advertising regarding the competence and capabilities of this organization are not misleading to our patients.

Should you have any questions, concerns, comments or compliments, please contact the Practice Administrator,
Cheryl Millers at 757-534-7701 Ext 31107.

CDC – Colonial Gastroenterology Associates

PATIENT RIGHTS

CDC – Colonial Gastroenterology Associates and medical staff have adopted the following list of PATIENT RIGHTS. This list includes, but is not limited to, the patient's right to:

Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for his/her care.

Considerate and respectful health care.

Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and non-physicians who will see him/her.

The right to change physicians.

The right to receive information from his/her physician about his/her illness, course of treatment and prospects for recovery in terms that he/she can understand.

The right to receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course(s) of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

The right to participate actively in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to refuse treatment.

The right to full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.

Confidential treatment of all communications and records pertaining to his/her care.

The right to obtain reasonable responses to any reasonable request he/she may make for service.

The right to leave even against the advice of his/her physician.

The right to reasonable continuity of care and to know in advance the time and location of his/her appointment, as well as the physician providing the care.

The right to be advised if the facility or personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects without compromising access to care.

The right to be informed by his/her physician, or a delegate of his/her physician, of continuing health care requirements.

The right to receive information regarding fees and payment schedules.

The right to examine and receive an explanation of his/her bill regardless of source of payment.

The right to have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

The right to make suggestions to the organization and file grievances.

All personnel shall observe these patient rights.

PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain RESPONSIBILITIES as well. These responsibilities shall be presented to the patient in the spirit of mutual trust and respect.

The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past medical history, and other matters relating to his/her health.

The patient is responsible for providing information regarding any living will, medical power of attorney or other directive that could affect his/her care, however advance directives are not honored while the patient is in our facility.

The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals, as they carry out the physician's orders.

The patient is responsible for keeping appointments and for notifying Gastrointestinal and Liver Specialists of Tidewater, PLLC or physician when he/she is unable to do so.

The patient is responsible for his/her actions should he refuse treatment or not follow his/her physician's orders.

The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.

The patient is responsible for following facility policies and procedures.

The patient is responsible for being considerate of the rights of other patients and facility personnel.

The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

CDC – Colonial Gastroenterology Associates

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

Effective Date: **9 / 23 / 2013**

If you have any questions about this notice, please contact the CDC – Colonial Gastroenterology Associates Privacy Officer: Cheryl Miller at (757) 534-7701 Ext 31107.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- CDC – Colonial Gastroenterology Associates
- Any health care professional authorized to enter information into your medical record maintained by CDC – Colonial Gastroenterology Associates .
- Any persons or companies with whom CDC – Colonial Gastroenterology Associates contracts for services to help operate our practice and who have access to your medical information.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from CDC – Colonial Gastroenterology Associates . We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by CDC – Colonial Gastroenterology Associates , whether made by CDC – Colonial Gastroenterology Associates personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than CDC – Colonial Gastroenterology Associates .

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

Make sure that medical information that identifies you is kept private.

Give you this notice of our legal duties and privacy practices at CDC – Colonial Gastroenterology Associates , and your legal rights, with respect to medical information about you; and

Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment. We may use 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, volunteers, or other personnel who are involved in taking care of you at CDC – Colonial Gastroenterology Associates . For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside CDC – Colonial Gastroenterology Associates who may be involved in your medical care after you

have been treated by CDC Colonial Gastroenterology Associates , such as friends, family members, or employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from CDC – Colonial Gastroenterology Associates may be billed by CDC – Colonial Gastroenterology Associates and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from CDC – Colonial Gastroenterology Associates so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as a hospital or skilled nursing facility to which you are admitted, for their payment activities concerning you.

For Health Care Operations. We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run CDC – Colonial Gastroenterology Associates and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services CDC – Colonial Gastroenterology Associates should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with CDC – Colonial Gastroenterology Associates for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend different ways to treat you.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We also may disclose medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the medical information they review does not leave CDC – Colonial Gastroenterology Associates . If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in connection for using or disclosing your medical information for research purposes except for money to cover the costs of preparing and sending the medical information to the researcher.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

As Required or Permitted By Law. We may disclose medical information about you when required or permitted to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Active-Duty Military Personnel and Veterans. If you are an active-duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

Workers' Compensation. In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care

manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:

To report, prevent or control disease, injury, or disability;

To report births and deaths;

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;
and

To report suspected abuse or neglect as required by law.

- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:

In response to a court order, warrant, summons, grand jury demand, or similar process;

To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;

In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;

To report a death or injury we believe may be the result of criminal conduct; and

To report suspected criminal conduct committed at CDC – Colonial Gastroenterology Associates facilities.

Coroners and Medical Examiners. We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of CDC – Colonial Gastroenterology Associates to funeral directors to carry out their duties.

National Security and Intelligence Activities. We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Inmates. If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to CDC – Colonial Gastroenterology Associates that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and receive a copy of your medical record unless your attending physician determines that information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by CDC – Colonial Gastroenterology Associates will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that are the property of CDC – Colonial Gastroenterology Associates. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to CDC – Colonial Gastroenterology Associates's Privacy Officer. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

Right to Amend. If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CDC – Colonial Gastroenterology Associates.

To request an amendment, make your request in writing to CDC – Colonial Gastroenterology Associates Privacy Officer. 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 a 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;

Is not part of the medical information kept by or for CDC – Colonial Gastroenterology Associates;

Is not part of the information that you would be permitted to inspect and copy; or

Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of medical information about you during the past six years.

To request this list or accounting of disclosures, submit your request in writing to CDC – Colonial Gastroenterology Associates's Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

Right to Request Restrictions. Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, make your request in writing to CDC – Colonial Gastroenterology Associates Privacy Officer. 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, for example, disclosures to your spouse.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any CDC – Colonial Gastroenterology Associates location. If you pay the charges for those services you do not want disclosed *in full at the time of such service*, we are required to agree to your request. “In full” means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical 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, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, request a copy from CDC – Colonial Gastroenterology Associates 's Privacy Officer in writing.

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 medical 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 CDC – Colonial Gastroenterology Associates office. The notice will contain the effective date on the first page, in the top right-hand corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CDC – Colonial Gastroenterology Associates or with the Secretary of the United States Department of Health and Human Services. To file a complaint with CDC – Colonial Gastroenterology Associates, contact our Privacy Officer by mail at 11803 Jefferson Ave., Suite 230 Newport News, VA, 23606. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to CDC – Colonial Gastroenterology Associates 's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. 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.

GLOSSARY

Business Associate is a person or entity who (i) on behalf of **CDC – Colonial Gastroenterology Associates** performs or assists in the performance of a function or activity involving the use or disclosure of PHI, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, repricing, or any other activity regulated by HIPAA; or (ii) provides, other than in the capacity of a member of the workforce of CDC, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services to or for **CDC - COLONIAL GASTROENTEROLOGY ASSOCIATES** where the provision of such service involves the disclosure of PHI. “Workforce” means employees, volunteers, trainees and other persons whose work is directly controlled by **CDC - COLONIAL GASTROENTEROLOGY ASSOCIATES** whether or not they are paid by **CDC - COLONIAL GASTROENTEROLOGY ASSOCIATES** .

Covered Entity means a health plan, a health care clearinghouse and a health care provider who transmits PHI in electronic form in connection with a transaction to carry out financial or administrative activities related to health care. All covered entities must comply with HIPAA.

Designated Record Set means records maintained by or for **CDC - COLONIAL GASTROENTEROLOGY ASSOCIATES** that are (i) medical and billing records, (ii) enrollment, payment, claims adjudication and case or medical management record systems, or (iii) used, in whole or in part, to make decisions about individuals.

Health Care Operations means activities that are related to the basic functions of **CDC - COLONIAL GASTROENTEROLOGY ASSOCIATES** . Health care operations include (i) conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives, and related functions that do not include treatment; (ii) reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs in which students, trainees or practitioners in areas of health care learn under the supervision to practice or improve their skills as health care providers, training of non-health care

professionals, accreditation, certification, licensing or credentialing activities; (iii) underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits; (iv) conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; (v) business planning and development; (vi) business management and administrative activities, including but not limited to, implementation and compliance with HIPAA, customer service, resolution of internal grievances, the sale, transfer, merger or consolidation of all or part of a covered entity with another covered entity, and creating de-identified information, a limited data set or fundraising.

HIPAA means the Health Insurance Portability and Accountability Act of 1996.

Individual means the person who is the subject of the PHI.

Individually Identifiable Health Information means health information, including demographic information collected from an individual, that (i) is created or received by a covered entity, (ii) relates to the past, present or future physical or mental condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, and (iii) identifies the individual or could be used to identify the individual.

Minimum Necessary means the least amount of PHI necessary for a person to perform his/her job functions.

Payment means the activities undertaken by health care providers and health plans to obtain or provide reimbursement for the provision of health care. These activities include, but are not limited to, (i) determinations of eligibility or coverage, and adjudication or subrogation of health benefit claims; (ii) risk adjusting amounts due based on enrollee health status and demographic characteristics; (iii) billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing; (iv) review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; (v) utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and (vi) disclosure to consumer reporting agencies of any of the following PHI relating to collection of premiums or reimbursement: (A) name and address, (B) date of birth, (C) social security number, (D) payment history, (E) account number and (F) name and address of the health care provider and/or health plan.

Personal Representative means a person authorized to act on behalf of an individual.

PHI means protected health information. PHI is individually identifiable health information that is (i) transmitted by electronic media, (ii) maintained as electronic

media, or (iii) transmitted or maintained in any other form or medium, including but not limited to, paper and oral forms.

Privacy Rule means the rules relating to the privacy of individually identifiable health information.

Treatment means the provision, coordination or management of health care and related services by one or more health care providers, including the coordination and management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another.

Services Available and Associated Fees

Procedures:

Colonoscopy	****
EGD	****
Flexible Sigmoidoscopy	****
Capsule Endoscopy	\$3,132.00
Hemorrhoid Banding	\$775.00 (per session)

*******Indicates this fee varies depending on complexity. Complexity can not be determined prior to the procedure. Should you require a range of cost per procedure, please contact our finance department at 757-534-7701 Ext 31107.***

Evaluation and Management Services:

Level I	Consultation Office	\$140.00
Level II	Consultation	\$197.00
Level III	Consultation	\$260.00
Level IV	Consultation	\$375.00
Level V	Consultation	\$460.00
Level I	New Patient Office Visit	\$93.00
Level II	New Patient	\$145.00
Level III	New Patient	\$210.00
Level IV	New Patient	\$315.00
Level V	New Patient	\$400.00
Level I	Established Patient Follow Up Visit	\$61.00
Level II	Established Patient	\$96.00
Level III	Established Patient	\$140.00
Level IV	Established Patient	\$205.00

Level V

Established Patient

\$275.00

******All applicable co-pays and any unpaid balances are due at time of service.**

******This list is not inclusive of all services provided. Should you require additional service or fee information that is not referenced above, please contact our finance department at 757-534-7701 Ext 31107.**

******This fee schedule is subject to change at any time without prior notice. Should fees change; the revised fee schedule will be placed in this manual as soon as it becomes available.**

Reviewed: January 2022

Provisions for after hours and emergency care:

If you have a life-threatening emergency you should call 911.

Should you need to reach the physician on call, please call the main office number **(757) 534-7701** and when prompted, leave a message and the physician will return your call.

Local Emergency Room Number in which our physicians have privileges:

Sentara Williamsburg Regional Hospital – 757-984-6000

Payment Policies

- All co-pays and any previous balances are due at time of service.
- Insurance is filed as a courtesy to our patients.
- You are responsible for securing and bringing a valid referral, if applicable.
- We accept Cash, Checks, Visa and MasterCard as forms of payment.
- Returned checks will be assessed a fee of \$35.00.
- Should you require payment terms, please contact our finance department at 757-534-7701 Ext 31107 and they will gladly assist you with terms to fit your budget needs.
- Mailing address for payments:

**CDC - Colonial Gastroenterology Associates
11803 Jefferson Ave.
Suite 230
Newport News, VA 23606**

INSURANCES ACCEPTED

- Aetna (**we do not participate with Aetna Better Health of VA**)
- Anthem HMO and PPO
- Cigna (**we do not participate with Cigna Connect**)
- Mailhandlers
- MAMSI/Optimum Choice/Coventry
- Medicare
- Sentara/Optima
- Tricare Select/Standard/Prime
- United Healthcare
- Virginia Health Network
- Virginia Medicaid (**we do not participate with out of state Medicaid programs**)
- We also accept numerous commercial insurances.
Please contact your insurance company, in advance of your appointment, to verify your coverage benefits as well as our participation with your plan.

Prescription Policy

- Prescriptions are to be taken as directed. In other words, do not change the frequency or dose unless otherwise directed by your physician. If a change is recommended by this office, it will be noted in your medical record.
- If your prescription bottle indicates that you have refills remaining, contact your pharmacy directly. If there are no refills left you will need to contact our office. Please note that there are times your doctor will require you to come into the office for an evaluation prior to refilling your prescription, if it is felt this will be in your best interest, so please contact our office well before you run out of your medication.
- Refill requests **WILL NOT** be authorized at night, on weekends, or holidays. Be sure to plan ahead to make sure you have enough refills.
- Before your scheduled visit with us, please check your supply of medication. If you need a refill, please ask while at the office.
- When you call our office to request a refill please allow up to 48 hours for that request to be

processed. To ensure your prescription is filled for the weekend, please contact our office by Thursday morning.

- Narcotics – There are only rare instances where our physicians will write prescriptions for narcotics.

Questions, concerns, comments or compliments? Please contact the Practice Administrator Cheryl Miller at 757-534-7701
Ext 31107.

- Should you have a complaint please use the form located behind this page.
- Depending on your complaint there are also state and federal agencies that you may report to such as but not limited to:

Virginia Department of Health

www.dhp.virginia.gov

or

Medicare

www.medicare.gov.

- If you would like a copy of any of the documents located in this binder please,

notify the receptionist and he/she will make a copy for you. If you are accessing this information on our website you can print these forms for your reference.

MEDICAL RECORDS **RETENTION/DESTRUCTION POLICY**

It is the policy of this practice to retain patient medical records for a period of ten (10) years past the last date of service, ten (10) years past the date of death or ten (10) years past the patients eighteenth birthday.

Records including PHI are shredded by an authorized agent.

Right to Change Providers

It is your right to request to change providers within our practice. Should you choose to exercise this right, please notify your current GI doctor's nurse.

Medical Records and Form/s Fees

Medical Records fees (if applicable): \$10.00 plus .50 per page up to 50 pages then .25 per page over 50 pages.

If you require forms to be filled out including but not limited to disability/FMLA the fee is \$35.00. Fee is due prior to release of form/s and must be paid in cash or by credit card.