

CHARLESTON INTERNAL MEDICINE, INC.
3701 MacCorkle Avenue, SE
Charleston, WV 25304
304-720-2345

NOTICE OF PRIVACY PRACTICES
(Updated April 1, 2010)

Charleston Internal Medicine Group, Inc. (CIM) respects the sensitivity of the information you provide to us as your chosen healthcare provider. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to give you rights over your health information, as well as setting rules and limits on who can look at and receive your protected health information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in a computer or communicated orally. CIM is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information.

Below is the Privacy Policy of CIM and how we will use, distribute and protect your personal health information.

What information is protected under HIPAA

- Information CIM providers and staff put in your chart
- Conversations CIM providers and staff have about your treatment with both internal and external staff. Your information will only be communicated to other entities on a need to know basis and only when it is necessary to provide you with good health care
- Information about you in your health insurer's computer system
- Billing information about you in CIM's billing system

What are the patient's rights to their health information under HIPAA

- You can ask to see and obtain a copy of your records. A request must be made in written form and include your name, address, phone number, unique identifier (such as a social security number), what specific information you are requesting and the time period of the information you wish to obtain. CIM will make every effort to provide you with your requested information in a timely manner. If CIM will take longer than 30 days to provide you with your requested records, we will inform you in writing. CIM reserves the right to charge for any records copied and provided to you
- You have the right to request corrections be made to your health care record if you identify an error or mistake
- Receive information that tells you how your health information will be used or shared by CIM with others
- You must give written authorization for CIM to distribute your protected information for purposes of marketing
- Request and obtain a report of why your health information was shared with other individuals
- If you believe your rights are being denied or CIM has not protected your health information, you can

- File a written complaint with CIM at
Dr. R. Thomas Bowden
Privacy Officer
3701 MacCorkle Avenue, SE
Charleston, WV 25304

and/or

- File a written complaint with the US Government at
Secretary of the US Department of Health and Human Services
Office of Civil Rights, Region III
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Or at OCRCCompliant@hhs.gov

and/or

- Call the US Government at 1-866-627-7748

CIM may share or distribute you personal health information without your consent, authorization or request under the following circumstances:

- When required by law
- When permitted for public health activities and purposes. Such uses and disclosures may include but are not limited to, disclosures to public health or governmental entities authorized by law to collect or receive information for purposes of preventing or controlling disease, disclosures to public health authorities or governmental agencies authorized by law to receive

reports of child abuse or neglect, disclosures to persons subject to the Food and Drug Administration to report adverse events, products defects, and to facilitate product recalls.

- When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence.
- When required by public health agencies for oversight activities authorized by law.
- When required for disaster relief.
- When required for judicial or administrative proceedings, including disclosures in response to a subpoena, court order or pursuant to a discovery request.
- When required or permitted by law for law enforcement purposes.
- When required by a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law.
- When required for research purposes including, but not limited to clinical trials done with pharmaceutical companies.
- When consistent with applicable law and standards of ethical conduct if CIM, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.
- When authorized by specialized governmental functions.
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by either Federal and/or State agencies.

We may also contact you to provide appointment reminders, notice of missed appointments, notice of testing results, for the collection of an outstanding financial account, requests dealing with fundraising activities, information about treatment alternatives or other health related benefits and services that may be of interest to you. This information may be distributed by mail or telephone.

CIM will share your personal protected health information in the following ways as authorized by your signature of our Privacy Notice.

- For treatment of your general health and specific diagnosed medical condition
- In providing coordination of care
- To obtain payment from third party payers or entities for services provided to you
- With your family, relatives, friends or others you identify, in writing, who are involved with your healthcare or your health care bills, unless you provide written objection.
- To other health care providers and entities that are participating in your health care related to a specific condition or treatment for you

CIM will make every reasonable effort to protect your health information by doing the following

- Teach each staff member of CIM how your information may and may not be used and/or distributed
- Take appropriate and reasonable steps to keep your health information secure

Rights and Request Restrictions of your personal and protected health information

You may request that CIM restrict certain uses and disclosures of your personal protected health information to carry out treatment, payment, or health care operations. However, CIM is not required to agree to your request. You or your personal representative will be required to submit in written form to request restrictions on uses and disclosures of your information. The request should include your name, address, unique identifier, such as your social security number, and listing of what information you wish to have restricted and under what circumstances the information should be restricted. The request should be submitted to the following:

Dr. R. Thomas Bowden
Privacy Officer
3701 MacCorkle Avenue, SE
Charleston, WV 25304

CIM will accommodate reasonable requests to receive communication of personal protected health information by alternative means or at alternative locations.

CIM will limit the information we collect from you to the minimum we believe is necessary to provide you the best possible medical care. CIM will make every reasonable effort to protect your health records in an accurate manner and in a safe and secure environment.

Charleston Internal Medicine, Inc.
NOTICE OF PRIVACY PRACTICES

Receipt Verification

Account # _____

I, _____
(Patient Name) acknowledge receipt of Charleston Internal Medicine, Inc's Notice of Privacy Practices prior to treatment. I understand that it is not the obligation of Charleston Internal Medicine, Inc to ensure that I have read and/or understand the document or its contents.

Patient's Name- Printed

Patient's Signature

Date

For CIM use only

Patient is unable to sign this acknowledgment due to the following:

Employee Signature

Date

Witness

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FINANCIAL POLICY

Charleston Internal Medicine Group, Inc. (CIM) is committed to providing quality care at a fair monetary rate to its patients. The patient should understand that prompt payment of their bill is considered part of their treatment. By each patient fulfilling their financial obligation for services received and CIM physicians and staff providing good quality care at a fair monetary rate, both parties can benefit from the relationship.

About our Fees

We believe our fees are reasonable for our practice area. Our fees are determined by analyzing charge information provided in publications at both the national and regional levels. At CIM, the provider determines the level of service that is billed for each encounter. This determination is made based on a number of factors including the severity of the patients condition, the number of body organs effected by the condition,time spent face to face with the patient discussing their condition as well as time spent analyzing the patient's clinical information. Each of these factors contributes to the level of care and ultimately the charge associated with each patient encounter and/or test.

Third Party Contracts

CIM has written/formal participation agreement with a wide range of third party carriers. Appropriate contractual adjustments will be taken by CIM with those carriers. If you are covered by an insurance that CIM does not have written agreement with, or you have no third party coverage, you will be responsible for payment in full regardless of a carrier's arbitrary determination of usual and customary rates (UCR). Your insurance policy is an agreement between you and the insurance carrier. Your bill with CIM is an agreement between you and CIM.

If you have a question regarding CIM's participation with your particular insurance, please speak with any member of the CIM staff.

Payment for Services

Each patient is responsible for co-payments, co-insurance and deductibles regardless of insurance coverage. All co-payments are due at the time of service. CIM expects any outstanding patient due balance on an account to be paid at each visit. CIM does offer an extended payment plan with prior written approval from one of our billing staff. Please ask to speak with a billing staff member if you wish to make such an arrangement. CIM accepts check, cash, money order, Visa, MasterCard or a debit card bearing either of these logos.

Referrals and Prior Authorizations

CIM will make every reasonable effort to obtain the necessary referral and/or prior authorization for any services or supplies provided or ordered for you by our providers. It is unreasonable to expect CIM to know every requirement of every policy for our entire patient population. For this reason it is necessary that you communicate with CIM any referral/precertification specifics of your plan and keep us informed of any special requirements. Obtaining the necessary referral and/or prior authorization does not guarantee payment. It is the patient's responsibility to pay for all services in full unless CIM has a written contact with a specific carrier stipulating or prohibiting otherwise.

Automobile Accidents

Patients who are involved in automobile accidents will be handled in our office as private pay services. It is the patient's responsibility to provide CIM with the correct billing information if they want their charges submitted to an auto carrier for consideration. All charges will remain the responsibility of the patient and are expected to be paid in full.

Divorced Parents

The responsibility for payment for service rendered to any dependent children whose parent is divorced rests with the parent who seeks treatments.

I have been provided a copy of the Financial Policy of CIM and been given the opportunity to ask any questions. Should I have questions in the future regarding the Financial Policy I will contact an appropriate staff member of CIM.

Patient and/or Guardian Signature

Date

Billing Authorization

I authorize Charleston Internal Medicine Group, Inc to release any medical or other information necessary to process a claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I also authorize payment of medical benefit to Charleston Internal Medicine, Inc services rendered to me

Patient and/or Guardian Signature

Date