



## FINANCIAL POLICY

updated 1/15/2020

### **FEES FOR SERVICES AND PRODUCTS**

Dr. Sedlak's cash rates for office visits are as follows: \$250 for new patients (\$175 for new acute visits < 25 minutes) and \$150 for established patients (\$75 for acute visits < 20 minutes). Procedures such as IV therapy and minor surgery are charged separately and pricing varies according to cost of materials and complexity. The fee for FMCSA medical exams ("DOT/CDL physicals") is \$100 and cannot be billed to insurance. Sports physicals are \$50.

Lab tests are not included in the office visit fee. A \$10 lab processing fee applies for blood and urine sample collection.

Medicinary items are not included in the office visit fee. Although some products may be purchased online or elsewhere, most of the trusted brands prescribed are only available to licensed healthcare professionals. Fullscript is a mail-order dispensary service available for established patients. Supplements may be purchased using HSA funds but not insurance.

Acceptable forms of payment include cash, major credit cards (VISA, MasterCard, Discover, AmEx), debit and HSA cards (swiped as "credit"), and checks made out to Willamette Integrative Health. Returned checks are subject to a \$50 fee.

### **HEALTH INSURANCE**

Dr. Sedlak is contracted in-network with **Providence Health Plan (& PEBB), Pacific Source, Moda Health, Aetna, Cigna, Regence BlueCross BlueShield of Oregon, United Healthcare, CHP (some Kaiser plans), and Health Net.**

She DOES accept Medicaid (Oregon Health Plan). For 2020 she is in-network with Trillium but can also bill other CCOs. She CANNOT accept Medicare.

Insurance billing is provided as a courtesy. It remains the patient's responsibility to understand their benefits, copay or coinsurance, and how or when services are applied to the deductible. Not all plans or networks include coverage for naturopathic medicine; there are also many new high-deductible plans that require office visits to be paid with HSA funds or out of pocket. In all cases the patient or guardian remains responsible for any and all charges deemed "patient responsibility" or denied. Questions regarding claim processing and benefits should be directed to the insurance plan.

Please note that Willamette Integrative Health is not a "medical home" clinic. As of 2019, many Providence and Moda plans require patients to declare a primary care provider at a medical home. You may need a referral to see Dr. Sedlak.

All fixed-dollar copays are due at the time of service. Percentage coinsurance amounts and/or deductible amounts will be billed to the patient after insurance completes processing of the claim, as follows:

- 1<sup>st</sup> invoice sent upon receiving the EOB (explanation of benefits) from the insurance company.
- 2<sup>nd</sup> invoice sent after 30 days if payment has not been received.
- 3<sup>rd</sup> invoice sent after 60 days by certified mail requiring a signature. This invoice will include a \$20 admin fee.
- 4<sup>th</sup> invoice sent after 90 days by certified mail requiring a signature. This will be marked "final notice."
- After 120 days, invoices with no response or no balance paid will be sent to collections.

Invoices can now be paid online through your Charm patient portal (PHR)! There is also the option to keep a card on file.

### **MISSED APPOINTMENTS**

Appointments missed or cancelled with less than 24 hours' notice will be subject to a \$50 fee.

**EMAIL**

Email is not a secure or HIPAA-compliant method of communication; therefore, to ensure the safety of our patients' protected health information, email is not our preferred method for ongoing written correspondence with patients.

We understand that email is a convenient tool for networking and may often be the first point of contact for our clients. In fact, we advertise the [info@willametteintegrative.com](mailto:info@willametteintegrative.com) address on our website and promotional materials. Willamette Integrative Health providers and staff will always use reasonable means to protect the security and confidentiality of all emails sent and received from our domain accounts. Please see our privacy policy. However, we cannot guarantee the security and confidentiality of email communication and we will not be held liable for improper disclosure of confidential information that is not caused by intentional misconduct on our part.

As an alternative, all new patients of Willamette Integrative Health are assigned a Patient Portal account through our Electronic Health Records system, ChARM. The Patient Portal offers secure private messaging as well as access to lab results, prescription history, and other account information for each patient. We ask that all established WIH patients use this private messaging feature instead of email whenever they wish to contact us regarding confidential information. Dr. Sedlak makes every effort to respond to written messages within 24 hours.

There is no charge for messages between doctor and patient clarifying a current treatment plan or asking brief questions. However, extensive questions or conversations are better served during an office visit. Please note that written communication is not a substitute for seeing your physician in person, especially for urgent health issues.

**SOCIAL MEDIA**

Willamette Integrative Health and Dr. Liz Sedlak maintain several social media accounts for networking with colleagues, other health professionals, patients, and the general public. Patients are welcome and encouraged to "follow" and interact with any of these social media accounts. However, social media is not an appropriate venue for receiving medical advice. Dr. Sedlak will NOT respond to medical questions on Facebook, blog comments, etc. and may edit or delete such posts in order to protect your personal health information.

**TELEMEDICINE**

There is no charge for phone calls requesting appointments, clarifying a current treatment plan, or asking brief questions related to your last visit. However, phone calls regarding extensive questions or new concerns will incur a fee. After ten minutes of conversation the doctor will notify you of the charge so you can determine whether you would like to address the issue over the phone or schedule an in-person appointment.

REMEMBER: urgent matters should only be addressed in person. When in doubt visit urgent care or call 9-1-1.  
Willamette Integrative Health will not be held liable for your failure to contact a physician in the case of an emergency.

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE FOLLOWING PAGES CAREFULLY.**

The following notice describes the privacy practices followed by our providers, employees, staff, and other office personnel.

This Notice of Privacy Practices applies to the information and records (“protected health information” = “PHI”) we have about your health, health status, and the health care and service you receive at our office. Your protected health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your demographics, health history, health status, symptoms, examinations, test results, imaging results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to give you this notice. It describes how we may use and disclose your protected health information, our obligations regarding such use and disclosure, and your rights to access and control your protected health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time as well as any information we receive in the future. Upon request we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, by calling the office and asking for a copy to be sent in the mail, or in person during regular office hours.

### **1. Uses and disclosures of protected health information**

- **treatment**: We may use and disclose your protected health information, as needed, to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. Confidential information between a minor and the physician will be kept confidential unless authorized for release by the patient.
- **payment**: We may use and disclose your protected health information, as needed, to obtain payment for your health care services. This may include disclosure of the services and treatments you receive to your health insurance plan for determination of eligibility or coverage for insurance benefits. For example, we may seek prior approval for a procedure or ask for payment following a service.
- **health care operations**: We may use and disclose your protected health information, as needed, to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, training of medical students, fundraising activities, and conducting or arranging for other business activities. Your information will be shared with third party “business associates” that perform various activities (e.g., billing or transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect your privacy. We may use or disclose your protected health information, as necessary, to contact you and provide you with information about upcoming appointments scheduled at our office, treatment options or alternatives, or other health-related benefits and services that may be of interest to you. We may also use or disclose your information for fundraising or other marketing activities. Please notify our Privacy Officer if you do not wish to be contacted or have such information or materials sent to you.

### ***Permitted and required uses and disclosures that may be made without your consent or authorization***

In certain situations we may use or disclose your protected health information without your authorization or providing you with the opportunity to agree or object. Any such use is subject to the applicable legal requirements and limitations. These situations include:

- **required by law**: We will use or disclose your protected health information when required to do so by federal, state, or local law.
- **public health**: We may use or disclose your protected health information for public health reasons in order to prevent or control disease, injury, or disability; to report births or deaths; or to report adverse reactions to medications or problems with products.
- **communicable diseases**: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- **health oversight**: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **abuse or neglect**: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of the applicable federal and state laws.
- **legal proceedings**: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent that such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **law enforcement**: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to a victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.
- **workers' compensation**: We may disclose your health information for Workers' Compensation or other similar programs.
- **research**: We may disclose your health information for research projects that are subject to approval by an institutional review board. We will ask for your permission if the researcher will have access to identifying information such as your name or address.
- **coroners, funeral directors, and organ donation**: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining course of death, or for other necessary duties authorized by law. We may also disclose health information to a funeral director in order to permit their duties as authorized by law; such information may be disclosed in reasonable anticipation of death. Health information may also be disclosed for cadaveric organ, eye, or tissue donation purposes.
- **criminal activity**: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that such action is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **military activity and national security**: When the appropriate conditions apply, we may disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by the appropriate military authorities, (2) for a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your health information to authorized federal officials for national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **inmates**: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

***Permitted and required uses and disclosures that require providing you the opportunity to agree or object***

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to such use or disclosure, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

- **facility directories**: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be given only to a member of the clergy.
- **friends, family, or others involved in your health care or payment for your care**: We may disclose your health information to your family members or friends if we obtain your verbal agreement to do so, if we give you an opportunity to object and you do not raise an objection, or if we can infer using our professional judgment that you would not object. For example, we may assume that you agree to our disclosure of your health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is being discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may use our professional judgment to determine that a disclosure to your family or friend is in your best interest. In that situation, we will disclose only the health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may use our professional judgment and experience to make

reasonable inferences that it is your best interest to allow another person to act on your behalf; for example, to pick up prescriptions or medical supplies. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

#### ***Other permitted and required uses of protected health information based upon your written authorization***

Other uses and disclosures of your protected health information will be made only with your written authorization. You may revoke such an authorization in writing at any time and we will no longer use or disclose your health information for those reasons previously specified. Please understand that we are unable to take back any disclosures already made with your authorization.

In some instances we may need specific written authorization to disclose specially protected information such as HIV status, substance abuse history, mental health history, and genetic testing information.

## **2. Your rights**

• **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of your protected health information such as medical and billing records that we keep and use to make decisions about your medical care. Requests must be submitted in writing. As permitted by law, we may charge you a reasonable fee for a copy of your records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

• **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

*Your physician is not required to agree to a restriction that you may request.* If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting the request in writing to your physician directly.

• **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

• **You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

• **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your health care, for notification purposes, for a facility directory, or for law enforcement, correctional facilities, or national security or intelligence. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

• **You have the right to obtain a paper copy of this notice,** upon request, even if you have agreed to accept this notice electronically.

## **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer in writing. We will not retaliate against you for filing a complaint.