



Dera Health– Clinic Policies/HIPAA

Patient Name: _____ Date of Birth: ____/____/____

What to Bring to Your Appointment(s)/Readily Available Upon Request:

- Photo Identification/Driver’s License (provide update copies if any changes occur)
- Insurance Identification Card
- Completed Intake Paperwork Packet (Can be completed and emailed prior to initial scheduled appointment)

Prescription Policy: Our clinic will only refill prescriptions at the time of a scheduled appointment. Please be proactive in monitoring the need for refills. We do not respond to fax requests for prescriptions refills.

NO controlled substances or chronic pain management medications will be prescribed by Dera Health. Patients needing pain management services or controlled substances will be referred to pain management and are responsible for coordinating transition of care between pain management specialists if needed.

Labs: ALL abnormal lab and imaging results will require an office visit to discuss results and further treatment plans, and will not be conducted as an e-visit unless approved by the provider. Clinical concerns/questions about imaging results, lab results and medications will be addressed only by Dera Health providers, not office staff, and as might will require an office visit to allow for appropriate time to answer all questions.

No patient information will be provided over the phone without a consent form on file for the individual seeking the information, even if that individual is a family member.

Scheduled Visits: Due to insurance regulations and respecting the time allotted for each patient’s appointment, only the chief complaint/reason for visit given at the time of scheduling will be addressed at the scheduled visit. Any further chief complaints/reason for visit the patient wishes to discuss will be addressed at secondary appointments to allow for appropriate clinical questioning, education, and treatment planning to be conducted.

Referrals: Any new or updated referrals will require an office visit to submit proper documentation per insurance requirements. In-person referral would be required for sports physical, hospital discharge follow-up and pre-operative clearance exams

Availability of Providers: We do not provide 24/7 call-coverage at our office. Please note that in case of emergency, we advise you to call 9-1-1 or go to your local emergency room.

Billing Service: Please note that Dera Health utilizes an outside agency for the purposes of billing and submitting claims to insurance providers. These individuals are provided limited access to patient demographics as required for the billing process and also maintain appropriate HIPAA compliance. We will work to assist in explaining balances in office.

HIPAA

Dera Health is required by the Health Insurance Portability & Accountability Act (HIPAA) to provide confidentiality for all medical/mental health records and other individually identifiable health information in our possession. This Notice is to inform you of the uses and disclosures of confidential information that may be made by Dera Health, and of your individual rights and our legal duties with respect to confidential information.

Release of Information: Please complete the attached release of information form to indicate any parties to which you wish to have your protected health information (PHI) released. Other than the indicated parties, our clinic may release the information for payer-source purposes (insurance companies).

Disclosures that do not require authorization to release your PHI

- Disclosure required by law, such as a court order by a judge.
- Disclosure for use in judicial or administrative proceedings, such as a malpractice case or board complaint.
- Disclosure to maintain safety of patients or others, such as communication with probate court for commitment.
- Disclosure during emergent care situations, such as discussing care with emergency room providers.
- Disclosure for suspected abuse, neglect or domestic violence, as required as a mandated reporter and for duty to warn.

I hereby attest to having read the above information in its entirety and understand my rights as a patient as well as the policies of Dera Health, LLC.

Signature of Patient/Guardian: _____ Date: _____



Dera Health Release of Information

Patient Name: _____ **Date of Birth:** ____/____/____

Please document below parties that you would allow medical information to be released to. It is often helpful in coordination of care if other providers are indicated on this list. Thank you!

Name of Person	Relationship to patient	Telephone Number	Medical Information	Appointments

Pharmacy Name/Location: _____ **Phone:** _____

**Release of information pertaining only to appropriate prescription information*

Permission to Call Home or Cell?	Yes	No	Preferred #:
Permission to Leave Voicemail?	Yes	No	
Permission to Email	Yes	No	Email:
Permission for Reminder call/text	Yes	No	Preferred method:

HIPAA and Email: Please note that many popular email services (Gmail, yahoo, Hotmail) do not utilize encrypted email. When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the internet.

For Minors:

Due to concerns with custody, please state who has medical decision-making capacity.

If this is not the current representative, do you give permission for any other parent/guardian to make medical decisions? Yes No

Name of person(s): _____

I hereby authorize the release of the medical information as documented above. I understand I retain the right to decline release of information to the above parties at any time and will notify staff of any changes that I wish to make in writing. I understand that in emergency situations the provider may contact other providers/caregivers to coordinate safe and appropriate care without my consent.

Signature of Patient/Guardian:

Date:



Dera Health– Financial Responsibilities

Patient Name: _____ Date of Birth: ____/____/____

Below is a summary of the financial responsibilities for you as a patient here at Dera Health

Patients are responsible for any remaining balances that will be represented from our billing services. We do our best to help estimate patient costs including co-pays, co-insurance, deductibles and out of pocket limits. The information provided is often not up to date when patients present to the clinic, and we do our best to work with the information provided to us. Please contact your insurance company for clarification of benefits prior to your office visits to better understand your benefits as an individual.

Insurance Filing: Please note that we will file your claims with the insurance providers as a courtesy. We require that you provide a current ID and copy of the insurance card. These may change over time, and we require that you inform us of any changes and provide copies of new insurance cards/information. It is important that we have the most up to date information as any errors in your information can result in denied claims. This includes insurance policy ID numbers, address changes, DOB, social security number, and telephone numbers. **Please note that you will be responsible for the balance due with denied claims.**

Insurance Verification: Please be sure to verify coverage prior to your first visit. You as a patient are responsible for understanding your benefits for coverage. Our staff will work to provide verification of insurance benefits prior to the first visit. This helps to assure that the provider you are seeing is covered with your benefits. You are responsible for knowing your current insurance requirements for verification and coverage. Some carriers require verification, referrals from another provider (PCP), or updates when you change providers. Please feel free to contact our staff as we can help assist with any questions.

Payment is due at the time of the office visit. There may also be remaining fees as a result of insurance coverage, denied claims or other fees listed below.

Early Refills: Requests for early refills are subject to provider discretion and require an appointment.

Drug Screening: It is our policy to conduct periodic drug screens. Drug screens may be collected via oral swab or urine specimen. In the event that drug screens are not covered by your insurance provider, you will be subject to an additional fee of \$25.00 at the time of screening.

Cancellation/No-show Policy: It is our policy that you are responsible for being aware of your upcoming appointments. We understand that certain circumstances arise that can result in the need to reschedule an appointment. We require 24-hour notice for cancellations, otherwise you may be charged a \$50 fee for not showing up to your scheduled appointments. Please call the office at any time at (940) 977-1239 or email at derahealth@gmail.com. If you are unable to reach us, please feel free to leave a message. We will return the call when time allows. If you do not hear back, please call again to confirm that the appointment has been rescheduled.

Office/Administrative Fees: Please note that office staff is often required to provide documentation to patients, providers and outside agencies. The following are rates for the services rendered to complete that service.

Letters/Forms/Completed Paperwork for outside agencies: \$25.00

Copies of Medical Records: \$30 per page

I hereby acknowledge that I have read all of the above information regarding my responsibility as a patient at Dera Health and I agree to these terms.

Patient/Guardian Signature: _____ Date: _____