

## VIRGINIA HEART INSTITUTE POLICIES

- ♥ **FINANCIAL RESPONSIBILITY:** I authorize payment directly to Virginia Heart Institute of benefits otherwise payable to me. I am aware that my account remains my responsibility. If insurance is filed, I will pay any unpaid balance after benefits have been determined or if no payment has been received after a reasonable period of time. I understand that payment in full is due within thirty (30) days after the first billing or a 1.5 % interest rate (18 % APR) will be applied to the balance monthly. I understand that in the event my bill is referred to an attorney or to Credit Adjustment Board for collection, I am responsible for all collection expenses, together with attorney's fees in the amount of 33 1/3 % of the total amount then due and court costs.
- ♥ **TELEPHONE CALL FEE:** If coordination of your care is handled by phone, your insurance company will be billed for this service. If your insurance denies this service, you will be financially responsible for this charge.
- ♥ **HIV/HEPATITIS TESTING:** In accordance with Virginia law, any patient to whose body fluids a health care worker has been exposed, and any health care worker to whose body fluids a patient has been exposed, will be deemed to have consented to HIV and HEPATITIS B or C Testing. I understand that if my doctor has determined that it is necessary to test my/my child's blood for the antibody to the Human Immunodeficiency Virus, I agree to have HIV blood testing. I understand that if my or my child's HIV and/or HEPATITIS B or C test result is positive, state law requires that this be reported to the State Health Department.

### SUMMARY NOTICE OF PRIVACY PRACTICES

*This information describes how your medical information may be used and disclosed. Please read it carefully. This notice is a summary only. If you would like a copy of our complete Notice of Privacy Practices, please take one from the Waiting Room.*

- ♥ **Purpose:** We may use and disclose your information to treat you, obtain payment, perform daily health care operations, and for other purposes permitted by law. Disclosure or use of your health information for any other purpose requires your specific written authorization. You may submit a written revocation of any signed authorization.
- ♥ **You have these certain rights:**
  1. to request restrictions on the use and disclosure of your protected health information
  2. to receive confidential communications concerning your medical condition and treatment
  3. to inspect and get a copy of your protected health information
  4. to amend or submit corrections to your protected health information
  5. to receive any accounting of how & to whom your health information has been disclosed for purposes other than treatment, payment or health care operations
  6. to receive a copy of our complete Notice of Privacy Practices
- ♥ **Legal Duty of Virginia Heart Institute:** We are required by law to maintain the privacy of your protected health information; provide this Notice of Privacy Practices; abide by the privacy policies and practices and have you sign an acknowledgement of this notice.
- ♥ **Complaints:** If you would like to submit a complaint about our privacy practices or you believe that your privacy rights have been violated, send a letter describing the cause of your concern to Ms. Anne C. Baird, Privacy Officer, Virginia Heart Institute, Ltd., 205 N. Hamilton Street, Richmond, VA, 23221.

### ACKNOWLEDGEMENT & RECEIPT OF VHI POLICIES & SUMMARY NOTICE OF PRIVACY PRACTICES:

The patient or authorized representative has received the VHI Policies & Summary Notice of the Privacy Practices of the Virginia Heart Institute, Ltd.

\_\_\_\_\_  
Print Full Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

♥ ONLY IF NEEDED ♥:

\_\_\_\_\_  
Print Full Name of Authorized Representative(s)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Authorized Representative's Social Security Number or T Number on Driver's License

\_\_\_\_\_  
Authorized Representative's Home Address

H #:

W #:

Cell #:

\_\_\_\_\_  
Authorized Representative's Phone Numbers

VHIPolicies/BO