CANCELLATION POLICY

Seattle Women's & Moms' Clinic strives to provide a customized clinical experience and we find deep reward in the relationships we develop with our patients.

To do so, we typically spend significantly more time during each patient visit than is the routine in health care today.

But, when a patient no-shows for a visit, it is similar to them missing their flight at the airport… they purchased a seat on the plane that another individual could not use, so that seat goes wasted.

And, if a patient cancels with limited notice, it does not provide ample time for another patient to be offered that time and make last minute arrangements with their schedule.

Therefore, we require at least 48 hour notice for cancellations, so that we may offer that appointment to another patient in our community.

We understand that most of our patients have a budget and strive to be fiscally responsible, as do we as a business. Thus, instead of charging patients the complete costs of what the clinic would have received for the visit from insurance, we reduce the late cancellation/no-show fee to, $100, nearly half of what we would likely have billed. Thus, the clinic still is at a revenue loss when patients do not show up for the appointments they scheduled (which means another patient could not have utilized that appointment time), but this way, we try to make it more manageable for patients to handle the burden of a late cancellation or a no-show.

If there are significant life events that occurred resulting in the no-show or late cancellation, please notify the clinic and we will try to work with you to reduce the fee.

My signature below indicates that I have read, understand, and agree to this Cancellation Policy.

Name of Patient (or Responsible Party):_____

Signature of Patient (or Responsible Party): _____

Date (month/day/year):_____

Last revision Jan2020

FINANCIAL POLICY

Thank you for choosing Seattle Women's & Moms' Clinic (SWMC) for your care. We are honored to be of service to you. The following is a statement of our financial policy. We want you to understand it and be comfortable with it. We require that you read it and sign it prior to receiving evaluation or treatment from us. Please do not hesitate to ask questions or discuss any concerns.

- **Forms of Payment:** We accept Check, HSA card, Visa, Mastercard, Discover, and American Express.
- **Credit Card on File:** We require that you keep a card on file with SWMC (see our Credit Card on File policy).

- **Patients with Insurance:** We are contracted with insurance plans, and can submit claims to most carriers, both primary and secondary plans. However, this is not a guarantee of payment, therefore it is important for you to be aware of your insurance coverage, benefits and limitations. We bill your insurance carrier as a courtesy; ultimately you are responsible for the full charges of your visit. **It is your responsibility to understand and comply with any pre-determination of benefits or referral requirements.** It is also your responsibility to know your deductible and out of pocket financial obligation. If your insurance carrier declines a claim due to inaccurate or incomplete information you have provided to us or to them, we may bill you directly for the unpaid balances. We are not obligated to wait for you to resolve a dispute with your insurance carrier before seeking payment from you. As a courtesy, we will help you as best we can to get proper and timely payment from your insurance carrier.
- **In Network Coverage:** Your co-pay is due at the time of each visit. Once your insurance carrier processes your claim, we will bill you for the remaining balance as per our Credit Card on File policy.
- **Out of Network Coverage:** If we do not have a contract with your insurance carrier, depending on carrier, we may attempt to bill your insurance carrier for the balance, BUT FOR SOME CARRIERS WE ARE UNABLE TO AND PATIENT IS RESPONSIBLE for submitting the bill for reimbursement from their carrier, and is responsible at time of service to compensate SWMC for services rendered. Your insurance carrier will reimburse at an out-of-network provider rate. This may mean a higher deductible or co pay. It is your responsibility to make sure you have out-of-network benefits. Your remaining balance may be higher than a balance for the same services provided by an in-network provider. Your copayment is due at the time of your visit. Once your insurance carrier processes your claim, we will bill you for the remaining balance as per our Credit Card on File policy.
- **Non-covered Services:** Some services cannot be submitted to insurance. Some insurance carriers deem certain procedures as cosmetic, such as skin tag removals. It is your responsibility to understand your benefits.
- **Private/Self-Pay Patient:** you are responsible for paying for treatment at time of service. You may pay for services via credit/debit card.
- **Missed Appointments/Cancellations:** If you no-show or cancel/reschedule an appointment without 48 hours' notice, there will be a $100 fee.
- **Returned Check Policy:** If any payment is returned due to insufficient funds, there will be a $50 fee added to the balance due.
- **Billing Service:** Your credit card on file will be used to pay any patient balance due, once your insurance has processed the claim (see our Credit Card on File policy). Please do not hesitate to contact our clinic with any questions or concerns about your statement, or if you wish to pay your balance by phone. Your signature below authorizes payment of medical benefits to Seattle Women's & Moms' Clinic (SWMC) for any services furnished by providers of Seattle Women's & Moms' Clinic (SWMC). You authorize the provider, Lise Martin, ARNP and clinic to release any information necessary to process insurance claims. This authorization is in effect indefinitely until revoked in writing.

My signature below indicates that I have read, understand, and agree to this Financial Policy.

Name of Patient (or Responsible Party):_____

Signature of Patient (or Responsible Party): _____

Date (month/day/year):_____

Last revision Jan2020

CREDIT CARD ON FILE POLICY

Seattle Women's & Moms' Clinic (SWMC) is committed to service efficiency and reducing waste. Our goal is to make the billing process as simple as possible. We require that you provide a credit card on file with our office. When you come in, we will scan your card and your payment information will be stored in our HIPAA compliant, secure software for future transactions.

Clinic personnel will not have access to your card. For your protection, only the last 4 digits of your card will show in our system.

Credit cards on file will be used to pay account balances after insurance claims adjudication, if the patient has not utilized the online payment tool to pay their balance. It is preferred that the patient complete payment.

- Once your insurance has processed our claim, they will send an Explanation of Benefits (EOB) to you showing what your total patient responsibility is. You typically receive the EOB before we do so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately.
- For any remaining amount owed our billing service will send you a link to pay your responsibility online, if you do not pay timely, our billing service will process the entire payment with your credit card on file, as mentioned above.
- **If you have questions about your bill, please send an email to BILLING@seattlewomensclinic.com with "Billing Question" in subject line.**
- We strive to respond within 72 hours.

Notes:

During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment. Credits on your account, after your insurance claim has been adjusted, will be returned to the credit card on file. Should your credit card be mistakenly run, we will immediately issue a refund. Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover.

Credit Card on File Authorization

I agree to place my credit card on file to be charged by Seattle Women's & Moms' Clinic (SWMC). I authorize their staff and / or billing service to utilize my credit card for the purposes stated above.

Name of guarantor as it appears on card (please print): _____

Signature: _____**Date:** _____

If this card can be used for anyone other than the guarantor specified above, please list them here:

Patient: _____ DOB: _____

Revision Jan2020

NOTICE OF PRIVACY PRACTICES

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

Seattle Women's & Moms' Clinic (SWMC), PLLC respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR CLINIC.

About This Notice We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information? "Protected Health Information" is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your Protected Health Information
We may use and disclose your Protected Health Information in the following circumstances:

- **For Treatment.** We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- **For Payment.** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **For Health Care Operations.** We may use and disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services**. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors.** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. (Optional, only included if applicable.)
- **Research.** We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use

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agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

- **As Required by Law.** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness. · Public Health Risks. We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence.** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- **Military Activity and National Security. I**f you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

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Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Social Activities.** We may use or disclose your Protected Health Information, as necessary, in order to contact you for social activities (ie women's empowerment events). You have the right to opt out of receiving these communications. If you do not want to receive these materials, please submit a written request to the Clinic.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

- **Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to a Summary or Explanation.** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Request Amendments.** If you feel that the Protected Health Information we have 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 us. A request for amendment must be made in writing to the Clinic at the address provided at the footnote of each page of this document and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an 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.
- **Right to an Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Clinic Director. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do 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.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Clinic Director at the address listed at the footnote of each page of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your provider (ie Lise Martin, ARNP, IBCLC) directly. This policy is always accessible via our website under the policies tab.

Changes to This Notice

Seattle Women's & Moms' Clinic, PLLC reserves the right to amend or make changes to the terms of this notice and 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 the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect. You may visit our clinic to receive your current copy of our Notice of Privacy Practices or you may view a copy of the notice by sending an email request to care@seattlewomensclinic.com. To Ask for Help or If You Have a Complaint If you have a question about your rights, want more information, or want to report a problem about the handling of our protected health information, you may contact the clinic director by calling (206) 485. 4364 or deliver a written communication to the clinic director via mailing to the clinic (address on website).

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