

Vascular Surgery Associates Practice Information

PHYSICIANS AND ARNP's

The physicians and staff of VSA very much appreciate you trusting us with your vascular care. We promise to provide the best care possible and to treat each person professionally and with individual attention. VSA utilized advanced registered nurse practitioners (ARNP's) that have been specifically trained in vascular medicine, surgical diagnosis and treatment. You may be seen by an ARNP during your visit as the physicians and ARNP's work as a team to provide your evaluation and treatment plan. Please let us know at any time if you have questions about your care or if you have specific questions for your physician. We will be glad to assist you.

OFFICE HOURS

Our clinic hours are from 8:00am to 5:00pm Monday through Thursday and 8:00am through 3:00pm on Friday. A physician is on call 24 hours a day to handle emergencies. If you have an urgent issue that cannot wait for normal business hours, please call our office at (850)877-5839 and our after hours message center will give you specific information regarding how to reach a physician.

SCHEDULING

Appointments are generally scheduled between 8:00am and 4:00pm. Please respect other patients who also need to schedule with us by giving a 24 hour notice should you need to cancel or reschedule your appointment. We believe that everyone's time is valuable, so in the event of a delay or unforeseen emergency we will notify you as soon as possible.

CELL PHONE USE

Please be aware that cell phone use can be distracting to your time with our staff and physicians. As we strive to provide you with an efficient visit, please limit your cell phone use to the waiting room.

YOUR MEDICAL RECORD

We want you to know that we are committed to doing our best to safeguard the privacy, accuracy and security of your health information. Please refer to our privacy notice which we have provided.

IQ HEALTH

We are pleased to announce our patient portal. IQ Health is a personal view of your health record that allows you to communicate with your physician, schedule appointments, and view your medical record and lab results in a secure, efficient and easy to use manner. Please ask one of our office or clinical staff how you can access your health record through IQ Health.

PERIPHERAL VASCULAR LAB

We have a fully functional non-invasive vascular lab on-site. This facilitates the diagnosis and treatment of vascular disease and offers our patients the convenience of having their tests performed during the same visit as their appointment with the provider. Staffed by registered vascular technologists with specific training in vascular disease, we are able to diagnose and devise treatment plans for our patients during their initial examination.

INTERVENTIONAL SUITE

Opened in April 2011, this innovative center focuses on performing minimally invasive vascular procedures with the utmost patient comfort and ease. In this center many of our angiographic and vascular access procedures are performed with the latest technological advances offered in the greater Tallahassee area.



Vascular Surgery Associates
2631 Centennial Blvd., Suite 100
Tallahassee, FL 32308
Telephone: (850)877-8539 Fax: (850)877-6674



FINANCIAL POLICY

Your health insurance claims will be filed by our office. If you do not have a secondary/supplemental insurance policy, you will be responsible for the balance due on your account after your primary insurance has paid. We do not file miscellaneous policies such as cancer, hospital, indemnity policies etc..., but we will gladly provide you, upon your request, the information necessary for you to file these claims. We have adopted the following Financial Policy in an effort to keep our costs down and still provide high quality medical care to our patients.

Co-payments are due at the time of your visit. Cash, check, Visa, MasterCard are all accepted forms of payment.

If your insurance requires authorization/referral for your office visit, it is your responsibility to obtain this prior to your visit. Our office personnel will obtain pre-certification for any surgical and/or interventional procedures that you may require.

For elective procedures payment of any copayment, deductible or amount deemed not covered by insurance is expected at the time of service.

Payment in full for vein procedures deemed cosmetic is required at the time of service.

ALL outstanding patient balances, whether current or past due must be paid in full prior to scheduling any appointment or procedure.

Insurance balances will be billed for 90 days. If your carrier does not pay within 90 days, you may be billed and responsible for payment.

Any personal balance will be billed for 30 days. Monthly payments are expected for us to carry your balance. Accounts with no monthly payment activity may be forwarded to the credit bureau for collection. Should your account be turned over to the credit bureau, you will be held responsible for all fees incurred by our office to pursue collection action.

Per Rule 64B8-10.003, Florida Administrative Code, we reserve the right to collect reasonable costs of reproducing copies of written or typed documents or reports. These costs shall be no more than \$1 per page for the first 25 pages and 25 cents for each additional page.

Reasonable costs of reproducing x-rays, and such other special kinds of records shall be the actual costs.

If you have questions concerning our financial policy, fees, financial assistance or would like to make payment arrangements, please speak with one of our billing staff or our office manager.



HIPAA Notice of Privacy Practices

Revised 2014



Effective as of April/14/2003

[VASCULAR SURGERY ASSOCIATES](#)
[2631 Centennial Blvd, Suite 100, Tallahassee, FL 32308](#)
[\(850\)877-8539](#)

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

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. 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.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information (fees may apply) – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

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 healthcare 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 your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

You have the right to request to receive confidential communications – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to request an amendment to your protected health information – 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.

You have the right to receive an accounting of certain disclosures – You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

You have the right to receive notice of a breach – We will notify you if your unsecured protected health information has been breached.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

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 Compliance Officer of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number. You will be asked to sign acknowledgement of receipt of our HIPAA Privacy and Security policies upon your initial appointment with our office. Please note that by signing the Acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Provided By HCSI