# **Patient Financial Policy**

#### **All Patients**

**CALLEN-LORDE** 

When you register for your first visit at Callen-Lorde, you will be asked to present a government-issued photo ID. In addition, if you earn less than twice the federal poverty level, you can present proof of/attest to your income to qualify for our sliding scale or other insurance programs. If you have insurance, please present your most recently issued card at each visit. Any changes to your income or insurance coverage should be presented to any front desk prior to check-in.

- **Prescriptions:** Callen-Lorde pharmacies in Chelsea, Brooklyn, and the Bronx provide low-cost prescriptions, as well as discounted over-the- counter and other in-store products to all patients. Please call (212) 271-7260 to transfer, renew, or refill your prescriptions or ask any staff for more information, including pick-up and delivery options.
- Dental Services: ADAP Plus, Medicaid, Self Pay, and certain Managed Medicaid plans are accepted.
- **Behavioral Health Services:** ADAP Plus, Medicaid, certain Medicaid Managed Care, Medicare, and Self Pay accepted.

#### **Uninsured / Underinsured Patients**

If you meet certain income, residency and/or medical requirements, we offer on-site financial screening, referral and enrollment assistance to obtain government-funded insurance programs, such as Family/Child Health Plus, Medicaid, or ADAP Plus. If you do not qualify for these plans, we offer a sliding scale discount program based upon your documented income and family dependents. Should you qualify, your office visits and procedures will be billed at a discounted rate, subject to annual income reverification. Please inquire about our fees prior to receiving care, so that you are prepared to pay for your medical, mental health, or dental services.

- **OFFICE VISITS & PROCEDURES:** When you check out, Callen-Lorde will request payment for your visit, prior balance, and any related procedures performed by your provider, which can be made through the following options: Cash, Money Order, Personal Check as well as MasterCard, Visa, Discover, and American Express. Callen-Lorde sends out bills every three months or after a new charge is incurred. Payments are requested upon receipt of bill. No patient will be turned away due to inability to pay; patients can speak with our patient accounts team to discuss payment alternatives or hardships.
- **LAB SERVICES:** Most diagnostic tests performed in conjunction with your medical visit will be an additional charge that is billed separately to your mailing address by Bio-Reference Laboratories Inc. Please ask in advance about their discounted fees if you would like an approximation of how much your bill might be. If you would like to pre-pay your lab bill or if you receive a bill that appears to be in error, please contact them directly at 1-800-229-5227.

#### **Patients With Health Insurance**

- Callen-Lorde accepts ADAP Plus, Medicaid & Medicaid Managed Care, Medicare & Medicare HMO, and Select Commercial & HMO Plans like Oxford/United Healthcare, Empire BCBS, Aetna, Cigna, Multiplan network Insurance. You may call our Patient Accounts department to verify if we are in network with your insurance carrier at 212-271-7253.
- At checkout, you will be asked to pay for any out-of-pocket expenses and outstanding balances determined by your plan's benefits and limitations. While we strive to help you receive your maximum benefits available under your insurance coverage, we also need your understanding of and cooperation with your policy's provisions. It is very important to remember that your insurance is a financial contract between you and your insurance carrier. You may be required to specifically select one of our medical staff as your primary care provider (PCP) prior to care or have your lab work processed through a specific service provider. In addition, your coverage may be limited by an annual deductible, co-insurance, co-payment, non-covered services and/or out-of-network benefit limitations. It is your responsibility to inquire with your plan prior to receiving care about any out- of-pocket costs.
- Whenever possible, Callen-Lorde will submit a claim to your carrier on your behalf. Your insurance plan should respond within 4-6 weeks in the form of an "Explanation of Benefits" statement sent to you as well as the Center. If you receive a check from your insurance company for a claim submitted on your behalf by Callen-Lorde, please do not cash it into your personal account. Instead, endorse it payable to "Callen-Lorde Community Health Center" and mail it to the attention of the Patient Accounts Department at: 356 West 18th Street, New York, NY 10011.

**Questions:** If you have any other coverage, billing or payment concerns, please contact our Patient Accounts department at 212.271.7253, or fax your statement with any updated income or insurance information to 212.271.8128. We will make every effort to research and correct your account within the following 5-7 business days.

# Patients' Bill of Rights



#### As a patient in a Clinic in New York State, you have the right, consistent with law, to:

- (1) Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
- (2) Be treated with consideration, respect and dignity including privacy in treatment;
- (3) Be informed of the services available at the center;
- (4) Be informed of the provisions for off-hour emergency coverage;
- (5) Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care:
- (6) Receive an itemized copy of his/her account statement, upon request;
- (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (8) Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- (10) Refuse to participate in experimental research;
- (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section\_1.htm#access;
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors:
- (17) When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
- (18) View a list of the health plans and the hospitals that the center participates with; and
- (19) Receive an estimate of the amount that you will be billed after services are rendered.

## **Patient Responsibilities**



Callen-Lorde Community Health Center (Callen-Lorde) places a high priority on your involvement in your health care. Our goal is for you and your provider(s) to form a partnership that will facilitate the best care for you. This partnership requires a level of personal responsibility on your part. A listing of patient responsibilities, affirmed by Callen-Lorde's Board of Directors follows.

#### Callen-Lorde patients are responsible for the following:

To respect the confidentiality and privacy of all Callen-Lorde patients and visitors.

To show respect for the comfort and safety or Callen-Lorde patients, visitors, staff, and property by:

- Keeping your noise level low.
- Limiting your cell phone use to brief calls in permitted areas of the building only and not taking video calls.
- · Not recording video and audio.
- Not yelling, cursing, or using hate speech while in the building or on the phone with Callen-Lorde staff.
- Not making sexual remarks or advances towards staff, patients, or visitors.
- Not harming, using threatening language, or making threatening physical gestures toward Callen-Lorde
- staff, patients, or visitors.
- · Not wearing excessive perfumes, oils or other scents.
- · Not using Callen-Lorde's computers, phones or other equipment without permission.

To keep track of your appointments and arrive on time for all appointments.

To cancel appointments with at least 24 hours notice if you cannot keep your appointment.

#### To actively participate in your care by:

- Working with your provider to decide on and plan your treatment.
- Asking questions if you do not understand your treatment or what is expected of you.
- Telling your provider if you are having trouble following your treatment.

To provide accurate and complete information about your current health complaints, past illnesses, hospitalizations, medications, allergies, and other matters relating to your health and/or mental health.

To make sure that Callen-Lorde has up-to-date contact information for you, including your address, telephone number and emergency contact numbers. If you do not give us accurate information, we might not be able to contact you with important messages about your health.

To pay your bill to the best of your ability. This includes providing accurate health insurance information, providing proof of income, applying for government-sponsored benefits, and/or making arrangements for flexible payment plans.

To not bring alcoholic beverages or illegal drugs into the health center.

To not smoke or vape in the health center or within 25 feet of the building.

To not bring weapons inside the health center. Callen-Lorde is a weapons free environment.

To not bring pets or non-service animals into the health center.

To call 911 if you are having a medical emergency.

To comply with all of Callen-Lorde's policies, procedures, and guidelines. Not doing so may affect your ability to receive services at Callen-Lorde, up to and including discharge from care.

If you do not understand these expectations or if you have questions about your responsibilities as a patient of Callen-Lorde, please let us know.

## **Notice of Privacy Practices**



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

#### <u>Understanding Your Health Record (Protected Health Information)</u>

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your protected health information (PHI), serves as:

- A basis for planning your care and treatment
- · A means of communication among the many health professionals who contribute to yourcare
- · A legal document describing the care you received
- · A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- · A source of data for medical research
- · A source of information for public health officials charged with improving the health of thenation
- A source of data for facility planning and marketing
- A tool with which to assess and continually work to improve the care we render and theoutcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- · Better understand who, what, when, where, and why others may access your healthinformation
- Make more informed decisions when authorizing disclosures to others

#### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI to carry out treatment, payment, or health care operations; to those involved in your care; or for notification of yourlocation, general condition or death. Callen-Lorde is not required to agree to the restriction.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and obtain a paper or encrypted electronic copy on any device/media that ispassword protected and considered secure your PHI for a reasonable fee.
- Request to amend your PHI. Callen-Lorde may deny your request under certaincircumstances (e.g., the information is accurate and complete).
- Obtain an accounting of disclosures of your PHI (a list of the disclosures Callen-Lorde made of information about you). This does not include disclosures to carry out treatment, paymentor health care operations or disclosures pursuant to an authorization.
- Request and receive reasonable accommodation to receive communications of PHI byalternative means (e.g. electronically or at alternative locations (e.g., different address).
- Request that PHI pertaining to services paid for fully out-of-pocket not be disclosed to thirdparty payer.
- Revoke your consent or authorization to use or disclose PHI except to the extent that Callen-Lorde has acted in reliance upon it.

#### **Callen-Lorde's Health Information Responsibilities**

Callen-Lorde is required by law to:



- · Maintain the privacy of your PHI.
- Provide you with a notice of our legal duties and privacy practices with respect toinformation we collect and maintain about you.
- Use or disclose your PHI only with your written consent, even where a specific writtenauthorization is not required, except as required by law or as necessary to provide services to you or to provide for medical audits by the Department of Health and Human Services.
- Use or disclose your PHI only upon your specific written authorization relating to the PHI tobe used or disclosed, except as described in this notice.
- · Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information byalternative means or at alternative locations. Callen-Lorde may use or disclose your PHI without your specific written authorization under the following circumstances:
- For its own treatment, payment, or health care operations.
- To another health care provider for treatment activities of that health care provider.
- To another health care organization or provider for payment activities of that provider.
- To another health care organization for its health care operations activities under certaincircumstances.
- As required by law (to prevent or control disease, injury and/or disability).
- To provide for medical audits by the Department of Health and Human Services.

Notwithstanding any statement elsewhere in this Notice, Callen-Lorde will not use or disclose PHI in any way that is restricted or prohibited by law. Uses and disclosures to which this applies include:

- PHI of minor patients to parents or guardians under certain circumstances (e.g., treatment for a sexually transmitted disease, performance of an abortion, when a minor patient over twelve years old objects to the disclosure.
- PHI relating to certain diseases except where specifically required or permitted by law.
- Psychotherapy Notes except for use by the originator of the psychotherapy notes for treatment or use
  or disclosure by Callen-Lorde for its own training programs or to defend itself in a legal action or other
  proceeding brought by the patient.
- Marketing except for face-to-face communication with you or to give you a gift of nominal value.

We reserve the right to change the terms of this *Notice* and to make the new provisions effective for all PHI we maintain. Should our information practices change, the revised Notice will be made available to you at your request and will be posted in a clear and prominent location at Callen-Lorde.

#### For More Information, to Revoke a Consent/Authorization or to Report a Problem

For the procedure regarding exercising any of your rights under this Notice, to revoke an existing consent or authorization or if you have questions or would like additional information, you may contact the Privacy Officer at 212-271-7292. If you believe your privacy rights have been violated, you can file a complaint with Callen-Lorde or with the Secretary of the Department of Health and Human Services at the following addresses.

Privacy Officer Callen-Lorde Community Health Center 356 West 18th Street New York, NY 10011 (212) 271-7292 Secretary of Health and Human Services U.S. Department of HHS 200 Independence Avenue, S.W. Washington, D.C. 20201 (877) 696-6775 hhs.mail@hhs.gov

There will be no adverse consequences or retaliation against you for filing a complaint.

# Examples of Disclosures for Treatment, Payment and Health Care Operations



**Treatment**: Treatment means provision, coordination, or management of your care by a health care provider(s) including coordination or management of your care with a third party, consultation between health care providers about you, or referral from one provider to another. For example, a medical provider at Callen-Lorde can release copies of your lab results to another medical provider that s/he is consulting about your care.

**Payment:** Payment means a health care provider's activities to provide or receive reimbursement for health care services provided to you, including determinations of eligibility or coverage; billing, claims management, collection activities, and related health care data processing; review of health care services for medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities; and certain reimbursement-related disclosures to consumer reporting agencies. For example, Callen-Lorde may send a bill to your insurer that includes information identifying the patient, the patient's diagnosis, and the procedures and supplies used.

**Health Care Operations**: Health care operations include activities such as conducting quality assessment and improvement activities; population-based activities relating to improvement of health care; reviewing the competence or qualifications of health care professionals; conducting training programs for health care professionals; accreditation, certification, licensing, and credentialing activities; conducting or arranging for medical review, legal services, and auditing functions; business planning and development; and business management and general administrative activities. Callen-Lorde may also disclose your health record to another health care provider who treated you for that provider's quality assessment activities. For example: Callen-Lorde's quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it in an effort to continually improve the quality and effectiveness of the care it provides.

**Appointment Reminders, Treatment Alternatives, and Other Health-Related Benefits**: Callen-Lorde may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Fund-Raising: Callen-Lorde may contact you to raise funds for the organization.

#### **Examples of Other Permitted or Required Uses and Disclosures**

<u>With the Opportunity to Agree or Object.</u> While the uses and disclosures described below may be done without your specific written authorization, you must usually be given an opportunity to agree or object.

**Those Involved with a Patient's Care**: Callen-Lorde may disclose to a family member, other relative, your close personal friend, or any other person identified by you, PHI directly relevant to that person's involvement with your care or payment related to your care.

**Notification of a Patient's Location, General Condition, or Death**: Callen-Lorde may use or disclose PHI to notify or assist in notifying a family member, your personal representative, or another person responsible for your care of your location, general condition, or death including to an organization authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating notification.

**Without the Opportunity to Agree or Object.** So long as the privacy rule requirements are followed, the uses and disclosures described below may be done without your specific written authorization and without giving you an opportunity to agree or object.

**Required by Law:** Callen-Lorde may use or disclose PHI to the extent the use or disclosure is required by law and complies with and is limited to the relevant requirements of such law.

**Public Health Activities**: Callen-Lorde may disclose PHI for a variety of public health activities. These include disclosure to a public health authority authorized by law to collect or receive information for the revention or control of disease, injury, or disability or to a public health or other authority authorized by law to

receive reports of child abuse or neglect; to a person under the jurisdiction of the FDA regarding an FDA-regulated product or activity for which that person has responsibility for purposes related to the quality, safety, or effectiveness of the FDA-regulated product or activity;

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if authorized by law to do so, to someone who may have been exposed to a communicable disease; or to your employer when Callen-Lorde provides health care at the employer's request to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether your have a work-related illness or injury.

**Abuse, Neglect, or Domestic Violence**: Callen-Lorde may disclose PHI about you when Callen-Lorde reasonably believes you to be a victim of abuse, neglect, or domestic violence, to a government authority authorized to receive this information to the extent such use or disclosure is required by law and complies with, and is limited to the relevant requirements of such law; or where you agree to the disclosure; or, under circumstances where expressly authorized by law.

**Health Oversight Activities**: Callen-Lorde may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for the oversight of the healthcare system, government benefit programs, or compliance with governmentally-regulated program standards or civil rights laws where health information is necessary to determine compliance. Where you are the subject of the investigation or activity, there are restrictions on when such information may be used or disclosed.

**Judicial and Administrative Proceedings**: Callen-Lorde may disclose PHI in a judicial or administrative proceeding in response to a court or administrative tribunal order, or, so long as certain requirements are met, a subpoena, discovery request, or other lawful process not accompanied by a court or tribunal order. Law Enforcement Purposes: Callen-Lorde may disclose PHI for a law enforcement purpose to a law enforcement official under certain specified circumstances.

**Coroners, Medical Examiners, and Funeral Directors**: Callen-Lorde may disclose PHI to coroners or medical examiners for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. Callen-Lorde may also disclose PHI to funeral directors as necessary to carry out their duties.

**Organ Donation**: Callen-Lorde may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplantation.

**Research**: So long as certain requirements are met, Callen-Lorde may disclose PHI to researchers for reviews preparatory to research, for research on a decedent's information, and when an institutional review board has approved the research.

**Threat to Health or Safety**: Callen-Lorde may, subject to certain exceptions and so long as certain requirements are met, use or disclose PHI to designated organizations or individuals where necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or to identify or apprehend someone who may have caused serious physical harm to another person or who appears to have escaped from custody.

**Other Specialized Government Functions**: Callen-Lorde may use or disclose PHI in certain instances related to military and other specialized government functions, for example, for members of the armed forces, as deemed necessary by appropriate military command authorities.

**Workers' compensation**: Callen-Lorde may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar legally-established programs.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

### **OCHIN** Collaborative

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Callen-Lorde Community Health Center is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Callen-Lorde, OCHIN supplies information technology and related services to Callen-Lorde and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Callen-Lorde with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.