



16216 Baxter Road, Suite 340
Chesterfield, MO 63017
Office: 314-325-8925

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you may gain access to your health information. Please review carefully.

At Michael Cannon, MD Personalized Medicine, LLC, we are committed to treating and using your protected health information (PHI) responsibly. This Notice of Privacy Practices ('Notice') describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice has been updated in accordance with the HIPAA Omnibus Rule and is effective March 1, 2013. It applies to all PHI as defined by the federal government.

Planned Uses or Disclosures

We may use or disclose your PHI for any of the purposes described in this section, unless you affirmatively reject or otherwise restrict a particular release. You may direct your objections or restrictions in writing to your physician or to the Privacy Officer of Michael Cannon, MD Personalized Medicine, LLC. Listed are ways that your PHI may be used:

- Plan for your care and treatment
- Communicate with other healthcare providers who contribute to your care
- Serve as a legal document
- Receive payment from you or your insurance provider
- Comply with state and federal laws that require us to disclose your protect health information.

Other Uses and/or Disclosures

You may change or revoke your authorization to disclose your PHI at anytime, in writing. If you choose to do so, we will no longer use or disclose your protect health information from the signature date of your written request.

Your Health Information Rights

Although your PHI is the physical property of Michael Cannon, MD Personalized Medicine, LLC, the information it contains belongs to you.

- ✓ You have the right to inspect and to receive a copy of your PHI, with certain exceptions by law. If you are requesting copies of your PHI for yourself or by a third party a fee may be applies, as applicable by law.
- ✓ You have the right to request an amendment to your PHI that you believe is incorrect or incomplete. Your request must be submitted in writing along with the reason. Michael Cannon, MD Personalized Medicine, LLC is not required to agree to this amendment if Michael Cannon, MD Personalized Medicine, LLC did not create the information or if the information is correct and/ or complete.
- ✓ You have the right to obtain an accounting of disclosures of your PHI. You may receive one free accounting every 12 months. If you are requesting more frequent accounting disclosures, a fee may be applied.

- ✓ You have the right to request your PHI by alternate means (e.g. fax) or alternate locations (e.g. post office box). You have the right to request your PHI in a paper or a machine-readable electronic format.
- ✓ You have the right to place restrictions to certain uses and/or disclosures of your PHI. In most cases Michael Cannon, MD Personalized Medicine, LLC is not required, by law, to agree to these additional restrictions. If Michael Cannon, MD Personalized Medicine, LLC agrees to your request, Michael Cannon, MD Personalized Medicine, LLC will abide the agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law).
- ✓ You have the right to revoke your authorization to use or disclose your PHI, except to the extent that action has already been taken. This request must be submitted in writing.

Our Responsibilities

- ✓ It is our responsibility to maintain the privacy of your PHI.
- ✓ It is our responsibility to provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain.
- ✓ It is our responsibility to abide by the terms of the Notice currently in effect.
- ✓ It is our responsibility to notify you in writing if we are unable to agree to a requested restriction.
- ✓ It is our responsibility to accommodate reasonable requests you may have to communicate PHI by alternate means or alternate locations.
- ✓ It is our responsibility to notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

We reserve the right to change or make new provisions for all PHI we maintain.

Should information to our Privacy Practices change, such revised Notices will be made available to you. Your PHI will not be used or disclosed without your written authorization, except as described in this Notice.

If you have questions or would like additional information, you may contact:

Privacy Officer
Michael Cannon, MD Personalized Medicine, LLC
16216 Baxter Road, Suite 340
Chesterfield, MO 63017
314-325-8925

If you believe your privacy rights have been violated, you can file a written complaint with Michael Cannon, MD Personalized Medicine, LLC's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Michael Cannon, MD Personalized Medicine, LLC

Patient Financial Policy

Thank you for choosing our practice. We are committed to the success of your medical care. Please understand that payment of your bill is part of this care. To help avoid misunderstandings, our financial policy is in writing. For your convenience, we have answered some commonly asked questions below. If you have further questions, please contact our billing department.

Do I need to bring my insurance card with me to every appointment?

New patients must bring their insurance card in order to be seen by the provider. Established patients may also be asked to show their insurance card prior to receiving service.

Do co-pays need to be paid at the time of my appointment?

Yes. According to your contract with your insurance company, all co-pays are to be paid at the time of service. Refusal to abide by this agreement may result in an additional billing charge (to cover the cost of having to bill you for the co-pay) and/or termination of your coverage.

How may I pay?

We accept payment by cash and check, or by VISA, MasterCard, Discover Card or debit card.

What if my check bounces?

If a check is returned for insufficient funds, or if payment has been stopped, you will be charged a \$35 fee in addition to the amount of the check. If you have a second check returned, you may be asked to pay by cash, money order or cashier's check or credit card.

What is your policy regarding missed appointments?

Patients who do not show up for an appointment, and do not call to cancel 24 hours or more before the scheduled appointment impact other patient's ability to obtain timely medical care. Therefore, subject to the individual patient's insurance contract, we reserve the right to charge for missed appointments.

How am I to pay my portion after you bill the insurance?

Once we receive the Explanation of Benefits from your insurance company, we will bill you for the balance that you owe. That amount is due upon receipt of the statement.

What if I do not pay my bill?

Accounts that are repeatedly ignored may be sent to collections. If this happens, you may have your credit adversely affected, and you will be dismissed from the practice and asked to find a new physician.

What is my financial responsibility for services?

This varies with each insurance plan. We suggest that you contact your insurance company for a detailed explanation.

Acknowledgement

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance, as well as applicable co-pays and deductibles, are my responsibility. I authorize insurance benefits be paid directly to Michael Cannon, MD Personalized Medicine, LLC and I authorize them to release any pertinent medical information to facilitate payment of a claim.

I have received a copy of this policy.

Date

Signature of Responsible Party

Printed Name

Patient Name (if different)