

BEATS CARDIOLOGY PATIENT PRIVACY NOTICE SUMMARY

Protecting your confidential health information is important to us. Certain federal law referred to as HIPAA protects the confidentiality of your health information (generally referred to as Protected Health Information or PHI), and we take it seriously. This summary of our Notice of Privacy Practices (Notice or Privacy Notice) has been prepared to provide you with a brief description of certain of the key provisions of the Notice regarding how medical and other personal information about you may be used or disclosed, and how you may obtain access to your information and its disclosure. For a more complete description of our privacy practices under HIPAA, please refer to the attached Notice.

What is Protected Health Information (PHI)?

PHI is information created or received by Beats Cardiology and transmitted or maintained in written, electronic or any other form, that relates to your past, present or future health condition, the provision of healthcare to you, and/or information about that relates to your past, present or future health condition, the provision of healthcare to you, and/or information about payment for the provision of your healthcare, and, which may identify you or could reasonably be used to identify you.

How may my PHI be used or disclosed?

Beats Cardiology may use or disclose your PHI to carry out your Treatment (provision, coordination or management of your healthcare or related services), Payment (obtain payment for your healthcare services, including activities that may be required by your insurer(s) to obtain approval for payment), or for other Health Care Operations (other functions that Beats Cardiology performs in connection with providing health care, i.e., quality assessments, training of medical students, credentialing, auditing and financial reporting). Use or disclosure of your PHI pursuant to the Notice may include electronic transmittal or disclosure. Beats Cardiology also sends PHI to a Health Information Exchange (HIE) to allow for electronic transmittal or disclosure. Beats Cardiology also sends PHI to a Health Information Exchange (HIE) to allow for information exchange for information that may be relevant to your future care i.e. in an emergency situation participating facilities and physicians can access your information for your treatment.

When might Beats Cardiology use or disclose my PHI without my authorization?

Beats Cardiology is not required to obtain your authorization or notify you when it uses or discloses your PHI for your treatment, to obtain payment, or for other health care operations as discussed above. In addition, there are some limited exceptions where the law allows your PHI to be used to promote the Government's need to ensure a safe and healthy society. In some cases, you may be given an opportunity to agree or object before the use or disclosure of your PHI. In all cases, Beats Cardiology cases, you may be given an opportunity to agree or object before the use or disclosure of your PHI more than is permitted under the law.

What Are My Rights Under the HIPAA Privacy Standards?

Patients have certain rights under the HIPAA Privacy Standards, subject to certain limitations:

- You have the right to request restrictions on certain uses and disclosures of your PHI by Beats Cardiology.

- You have the right to request that we communicate with you in a certain way. We make every effort to honor your reasonable requests for confidential communication.
- You have the right to read, review and receive copies of your health information.
- You have the right to request and obtain an accounting of disclosures Beats Cardiology has made of your PHI. .
- You have the right to request an amendment to your PHI. (Beats Cardiology reserves the right to deny requests to amend PHI. For example, if the information is accurate, or if the information was not created or is not maintained by Beats Cardiology.)
- You have the right to request a copy of the Privacy Notice.
- You have the right to file a complaint if you believe that Beats Cardiology has violated your privacy rights or has acted inconsistently with its obligations under the HIPAA Privacy Rules.

Beats Cardiology has procedures in place for receiving and resolving HIPAA-related complaints, and handling other HIPAA and PHI requests and concerns. Such issues are handled by the Beats Cardiology Privacy Officer . You may:

- Request additional restrictions for release of your PHI
- Change restrictions/change contact information
- Request an amendment to your health record
- Request copies of the Notice
- Resolve your complaints (complaints must be directed in writing to the Privacy Officer).

Contact the Beats Cardiology Privacy Officer:

By Mail: Beats Cardiology, Attn: Privacy Officer, 7713 San Jacinto Pl, Suite 200 Plano, TX 75024

By Email: Privacy.Officer@beatscardiology.com

I give permission for my Protected Health Information to be disclosed for purposes of communicating results and care decisions to the family members and others selected for PHI disclosure.

CONSENT TO TREAT

I hereby authorize employees and agents (including physicians, physician assistants, and nurse practitioners) of this medical office to render routine medical care to me, the patient indicated on this form and to fulfil the orders of the physicians (including consultants, associates, and assistants of the physician's choice.) I hereby authorize employees and agents of this medical office to render routine medical care to the patient indicated on this form and to fulfil the orders of the physicians (including consultants, associates, and assistants of the physician's choice.) Please be aware that Drs. Aligeti and Schwartz have ownership interests as physician partners at Baylor Scott & White Heart Hospital. This does not affect their medical recommendations to you. I understand that Beats Cardiology may request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

FINANCIAL RESPONSIBILITY

I hereby authorize payments from Medicare or other insurance companies of medical benefits directly to Beats Cardiology and/or the attending physician for services rendered. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents or insurance company any information needed to determine these benefits or the benefits payable for related services. I appoint Beats Cardiology to act as my authorized representative in requesting an appeal from my insurance plan regarding its denial of services or denial of payment. I understand that I am financially responsible for the total charges for services rendered which may include services not covered by my insurance companies. I agree that all amounts are due upon request and are payable to Beats Cardiology. I further understand that should by account become delinquent, I shall pay the reasonable fees or collection expenses, if any. I acknowledge that I am fully responsible for supplying correct insurance information, billing information and payment of any services not covered or approved by my insurance carrier. The duration of this authorization is indefinite and continues until revoked in writing. Please see Card on File Agreement for additional policy.

FINANCIAL POLICIES

INSURANCE:

We participate in most insurance plans. Please bring your up-to-date insurance card with you to each visit. It is your responsibility to make sure that our providers are on your specific plan and in network for you. If you are insured by a plan we accept, but do not have an up-to-date insurance card, payment in full is required until we can verify your insurance coverage. If you are not insured by a plan we do business with, payment is required in full at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

PROOF OF INSURANCE:

We must obtain a copy of your driver's license and a current valid insurance card to provide proof of insurance. If your health insurance changes, please notify us before your next visit so we can make the appropriate changes to help you maximize your benefits. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.

CO-PAYMENTS, CO-INSURANCE & DEDUCTIBLES:

All co-payments, co-insurance and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, co-insurance and deductibles from patients can be considered fraud. Please be aware that your insurance company may require a second co-pay if you address other problems during a physical exam or at the same time you have a procedure scheduled. We accept cash, check, Visa, MasterCard, and Discover.

CLAIM SUBMISSION:

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefits are a contract between you and your insurance company; we are not party to that contract. While we are pleased to be of service by filing your medical insurance for you, we are not responsible for any limitations in coverage that may be included in your plan. If your health plan denies a claim for any reason, our office cannot be responsible for that bill. It is your responsibility as the patient to pay the denied amounts in full. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you. It is your responsibility to know if our providers are in-network for your insurance plan and what your specific insurance plan's benefits are.

NON-COVERED SERVICES:

Please be aware that some (and perhaps all) of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurance plans. As with all non-covered services, you will be expected to pay in full whatever the insurance companies do not reimburse.

NONPAYMENT:

If your account is over 90 days past due, you will receive an email and/or text stating that the balance should be paid in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. Should this occur, you will be notified by email and will have 30 days to find a new physician. There will be a \$50 fee for all returned checks and must be resolved as soon as possible.

PHONE CALLS and EMAILS:

By providing contact information, I authorize Beats Cardiology, its assignees, and third party collection agents to use the contact information I have provided to communicate with me and to place calls or emails to my home/cellular/employment telephone; leave voice or text messages; and use pre-recorded/artificial/voice messages and/or auto-dialling devices in connection with any communication to me. This is only reflecting needs for care coordination. This is not a consent for Beats Cardiology to leave messages or emails about medical conditions.

MISSED APPOINTMENTS:

If you cannot keep your appointment, you will need to reschedule your appointment 24 hours in advance on the preceding business day. This will allow us to schedule another patient in that time slot. If any office visit appointment is no-showed, canceled with less than 24 hours' notice or rescheduled due to late arrival the following charge may be billed to your account depending on the appointment type.

Office visit: \$50.00 Fee

Cardiac/vascular testing: \$100.00 fee

Nuclear stress testing: \$250.00 fee

Holter rhythm monitors not returned within 30 days of placement: \$200 fee

This charge is not payable by your insurance company. If multiple appointments are missed and we identify a problem with you keeping appointments, we will not be able to provide care for you at this office.

FORMS:

There is a \$50 charge for the completion of FMLA, disability, and other forms. Insurance companies do not cover this service. Payment is due at the time the form requests are provided to the office.