

Notice of Privacy Policy and Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

This notice also reviews our practice policies.

Please Review Carefully.

Purpose of this Notice

Our office respects the privacy of personal information and understands the importance of keeping this information confidential and secure. This notice describes our privacy practices with respect to your health information. Our privacy practices apply to current and former patients.

Types of Personal and Health Information we collect

We collect a variety of personal and health information when delivering healthcare. You provide some of this information, when you initially come into the office (such as address, social security number, and medical history). We also receive additional personal and health information (such as eligibility) through our transaction with employers, insurance companies, and other health care providers. We limit the collection of personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements.

How we protect personal and health information

We treat personal and health information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide services to patients (for example, our billing clerks and medical assistants). These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable law. We meet physical, electronic, and procedural security standards to protect personal and health information and maintain internal procedures to promote the integrity and accuracy of that information.

Disclosure of Personal and Health Information

We may share any of the personal and health information we collect (as described above) with our associates as permitted by law. We may also disclose this information to non-associated entities or individuals as permitted by law. Non-associates with whom we may disclose information as permitted by law include our attorneys, accountants and auditors, a patient's authorized representative, other health care providers, public health authorities, coroners, medical examiners, and funeral directors, organ donation organizations, Institutional Review Boards for research purposes, third party administrators, insurers, and law enforcement or regulatory authorities. We may also disclose any of the personal and health information we collect (as described above) in order to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you. In addition, in the event that this office is sold or merged with another office, your personal and health information will become the property of the new owner. We do not disclose personal or health information to any other third parties without a patient's request or authorization.

Individual Rights to Access & Correct Personal & Health Information

We have procedures for a patient to access the personal and health information we collect, and other than information we collect in connection with, or in anticipation of, a lawsuit or legal claim, we will make this information available to the patient upon written request.

Our goal is to keep our patient information up to date and to correct inaccurate information. We have procedures in place to ensure the integrity of our information and for the timely correction of incorrect information. If you believe that any personal or health information we have about you is not accurate, please let us know by contacting our office manager.

Medical Leave Paperwork

Completion of disability forms will take a minimum of 3 business days after your post-op visit.

Cancellation Policy

Our office requires notification within 24 hours of your scheduled appointment time if you will be late or need to cancel. Any appointment that is missed without 24 hour notification is subject to a \$20.00 fee. Any appointment that is missed without any notification is also subject to a \$20.00 fee

We do understand that emergency situations arise in everyone's lives, but please give us the courtesy of a phone call. Emergency situations will be taken into account when you contact our office. True emergencies will not result in a fee. Time is very valuable to our patients and this practice and your cooperation will help keep appointments available to you and others in emergencies and when necessary. We will gladly reschedule your appointment for a more convenient time.

Insurance Referrals & Verification

If a referral is needed, it is your responsibility to obtain it prior to being seen in the office for the initial surgical consultation. When scheduled for outpatient or inpatient surgery, your insurance company is notified with the facility, date, and procedure and diagnosis code(s). When scheduled for outpatient radiology testing (such as CT Scans, MRIs, Dexa Scans, Bone Scans, etc) please inform our office of the date and location of your test. Depending on the insurance company and the specific procedure and/or test; authorization may not be required. We recommend that you contact your insurance company to get your benefit information including your deductible, in network facilities, and any co payments. Also note that obtaining and/or checking if authorization is needed is not a guarantee of payment. Final determination is made when the claim is received by your insurance company.

Breast Patients

Please make sure that you obtain your actual mammogram and/or ultrasound films plus 2 years of previous films at least 48 hours prior to your appointment with Dr. Rohatgi. No CDs of images will be accepted. If you arrive for your appointment without your actual films, your appointment will be cancelled and rescheduled. No Exceptions.

Notice of Privacy Policy & Practices