

Privacy Policy

This notice serves as a copy of our Privacy Policy and describes confidentiality obligations under applicable law and will detail how your health information will be used and disclosed. Please read this carefully. Please note that this practice is not a covered entity under HIPAA. This notice is effective as of July 1st, 2020 and will be in effect until updated on our practice's website.

The terms of this Privacy Policy, or any of our other Policies, can change at any time and the changes will be made in accordance with applicable law and apply to all information we have about you. Should there be any changes to our Policies, you may ask for a new copy of these. You may ask for a copy of any of our Policies at any time.

Our Uses and Disclosures

We will use your information for your treatment and may disclose your information with another healthcare provider involved in your care. In addition, we may use or disclose your information to your family or an individual if he or she is involved in managing your health care. We may use your information for payment of services we provide and to contact you when needed. We may use your health information to help improve how our office runs and other activities related to our medical practice. These activities could include credentialing, accreditation, performance review and training.

Your medical records will be kept secure and will remain private in accordance with Maryland's most recent medical records and privacy laws. Your health information will be disclosed, without authorization, in certain situations, as required by law. These situations include suspected child or elder abuse or neglect and under certain circumstances if there is reasonable concern about the imminent danger regarding the health or safety of another individual. If any other situations do arise in which we are legally required to provide your health information, we will provide the pertinent information that is required.

We will never use your health information for marketing without your written permission first. We will only use your health information as described above unless you provide written authorization to use another way.

Your Rights

Other than disclosures that are permitted or required by law, you have the right to determine how your health information is used and disclosed. If you are accompanied by an individual to your appointment, we will presume your consent to discuss your health information freely in front of or directly to the individual, unless you expressly state otherwise.

You have the right to authorize disclosure of any information to anyone, if done in writing. You may revoke these authorizations in writing at any time. In general, if you are

under the age of 18, your parent or legal guardian will need to agree to the disclosure of your information.

You have the right to place additional restrictions on what information we disclose and to whom it is disclosed. This request must be done in writing. We are not required to agree or comply with these additional restrictions; however, if we do, we will maintain these restrictions except for in an emergency.

You have the right to see or get a copy of your medical records, as long as we receive a signed request. We will charge a legally permissible and reasonable amount for provider/staff time and copying services.

You have the right to request, in writing, that we add to or correct your medical records. You must provide an explanation as to why you are requesting this amendment. In certain situations, we may deny this request, but you will be provided a written explanation for this denial. We will not delete anything from a medical record.

You have the right to request that we contact you in specific way (such as home/mobile phone, office phone or email). We will comply with all reasonable requests if possible.

If you have questions or concerns, please feel free to contact our office.

If you are concerned or feel that we violated your rights, you can contact our office and we will assist with finding the proper state agency for you to contact. We will not retaliate in any way if you file a complaint.

Consent to Treat

This section is specific to providing information regarding Osteopathic Manipulative Treatments (OMT) and treatment by Dr. Andrews. OMT is a type of manual manipulation in which Dr. Andrews will put his hands on a patient's body and will treat as he deems appropriate and subject to the conditions herein. Dr. Andrews may treat anywhere on or around the body if he believes it will be beneficial to the patient. This may include sensitive areas. Dr. Andrews will ask permission prior to treating a potentially sensitive area. You have the right to request, at any time, that an area not be treated, or a specific technique not be performed. You have the right to ask questions or ask for an explanation of the treatment. You may revoke your consent to treat at any time, but may be charged for the appointment in certain situations.

Potential risks of not being treated include progression or worsening of your health or medical issues. Potential risks of treatment include post-treatment soreness and in rare cases, worsening or no improvement in symptoms or new symptoms. Benefits of treatment include improvement or resolution of symptoms and overall health.

By signing below, you are voluntarily consenting to treatment.

Financial Policy

Payment for treatment at our office is the sole responsibility of the patient or patient's parent or legal guardian. Payment is due in full at the time of service unless otherwise agreed upon prior to appointment. By accepting treatment, you acknowledge that Dr. D. N. Andrews does not accept or participate with any insurance or third-party payer system, including Medicare or Medicaid. We accept Cash, Checks and all major Credit Cards. If a check does not clear, you will be charged for any fees that occur due to this.

With each appointment, we will give you a superbill with all of the information needed to submit to your insurance for reimbursement. We do not guarantee coverage or reimbursement from your insurance company.

If there is an open Worker's Compensation or Motor Vehicle Accident case, please call and speak to the office prior to scheduling an appointment.

If you have Medicare, Dr. Andrews is Medicare Opt-Out. This means that under no circumstance can you submit any claims or bills from Dr. Andrews to Medicare. You will be required to sign a form stating acknowledgement of Dr. Andrews' Medicare Opt-Out status. It is possible that a secondary insurance could reimburse you for a portion of your bill if you submit the Medicare Opt-Out form with the superbill (which we will provide at each appointment)

I, _____, have read the Privacy Policy, Consent to Treat and Financial Policy above and understand and agree to comply with all above policies.

Name of Patient

Signature of Patient

Date

Name of Legal Parent/Guardian (if minor) and relationship

Signature of Legal Parent/Guardian (if minor)

Date