

## Consent for use or Disclosure of Health Information

( If you want a copy of this form, let us know )  
Our Privacy Pledge as of Jan 2, 2019

The law requires us to give you this disclosure. We have, and always will, respect the privacy of your personal health information (PHI).

- We may have to disclose your PHI to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your PHI and billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your PHI within our practice for quality control or other operational purposes.
- We have a more complete notice that provides a detailed description of how your health information may be used or disclosed. You have the right to review that notice before you sign this consent form. We reserve the right to change our privacy practices as described in that notice. If we make a change to our privacy practices, we will notify you in writing when you come in for treatment or by mail. Please feel free to call us at any time for a copy of our privacy notices.

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us.

You may revoke your consent to us at any time. Your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims. If we cannot restrict something, we will let you know right away. If you revoke this consent, this organization may refuse to treat you as permitted by Sec. 164.506 of the Code of Federal Regulations.

I agree to its terms. I am also acknowledging that I know where the copies of the full notice are: In a bin attached to the front desk, ask for a copy if you want to take one home).

Our contact info: 1110 E. 9<sup>th</sup> St., Lockport IL 60441 , 815-588-1110, Info@DrJillHouse.com

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Printed Name

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Date

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Signature

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Authorized Staff member

## Office / Financial Policies

Effective 1/3/2019

- 1) We accept cash, checks made out to Dr. Jill House, Visa, MasterCard, American Express and Discover. We can usually bill Workers Compensation Insurance for job related injuries and Auto Insurance for vehicle related injuries.
- 2) If you HAVE NO INSURANCE, we will gladly help you in any way we can, but will require 1<sup>st</sup> visit to be paid in full (please ask us for pricing ahead of time if this may be an issue). After that, a payment plan can be agreed upon with automatic debits on a time schedule convenient to you.
- 3) One veteran a month can get access to care at no cost under [www.F4CP.com](http://www.F4CP.com) agreement. Other financial hardship scholarships may apply to you, and can be discussed through email at [info@DrJillHouse.com](mailto:info@DrJillHouse.com), or just ask the Doc when in the treatment room.
- 4) If you have 'Health' insurance and want to use it (you aren't obligated to ), we will be glad to assist you with filing your insurance claims. In the event your insurance company does not cover the cost of your bill within 60 days, any balance is your responsibility and is not eligible for discounts. It is **your responsibility to verify your benefits because they can misquote us and not be held accountable, but whatever they tell you is guaranteed to be honored.** If you have any questions about what your insurance company tells you, the front desk staff will be happy to help you with understanding the terminology. **Fees NEVER covered by insurance & always due at time of service:** paper copy fee = \$10, supplements and late cancel fees. Also if you wish to talk to the Doctor ON THE PHONE about your health, for example to go over text results or to the point the doctor has to record the conversation in your file, there is a charge of \$12.50.
- 5) **Medicare :** We do accept assignment (bill them for you), and they pay 80% of allowable fees for adjustments to the SPINE only, once your yearly deductible has been met. You will owe for the rest.
- 6) If it becomes necessary to effect collections of an amount due, the undersigned agrees to pay for all cost and expense incurred in the collection process including legal fees.
- 7) **There is a \$30.00 fee for a missed appointment or canceling your appointment after 8:30 a.m. the day of your appointment. You may leave a voicemail or text to cancel your appointment if we do not answer the phone. You can make, change or cancel appointments online at NFHC . JaneApp.com or on our website, [www.DrJillHouse.com](http://www.DrJillHouse.com) We may waive fees in cases of emergency or bad weather.**
- 8) There will be a finance charge of 9% added to all accounts that carry a balance for more than 60 days after an initial statement has been sent to you. If payment arrangements have been made with the front desk and we receive the agreed upon amount every month, then this fee will be waived.
- 9) If you borrow one of our books and/or DVDs and fail to return it **within 2 weeks**, the cost of replacement is added to your account.
- 10) Please let us know if you are not 100% happy with your experience here.

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Patient's Signature

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Date

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Patient Name Printed