



Clint A. Hayes, M.D.  
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## Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

### Protecting Your Privacy

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At Vein Center of North Texas/Clint A. Hayes, M.D. privacy is one of our highest priorities.

### Keeping Your Information

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

### Working To Meet Your Needs Through Information

In the course of doing business, we collect and use various types of information like name and address and claims information. We use this information to provide service to you, to process your claims and to bring health information that might be of interest to you.

### Keeping Information Accurate

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the address listed above. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

### How And Why Information Is Shared

We limit who receives information and what type of information is shared.

- **Sharing information within Vein Center of North Texas/ Clint A. Hayes, M.D., P.A.** We share information within our company to deliver you the health care services and the related information and education programs specified in your plan.
- **Sharing information with companies that work for us.** To help us offer you our services, we may share information with companies that work for us, such as claim processing and mailing companies. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- **Sharing information with other physicians.** In order to improve your care, we usually share information with your primary, referring, and other specialist physicians. This information might include: history and physical, labs, ultrasound, x-ray, operative reports, etc.
- **Other.** Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give permission

If we receive a subpoena or similar legal process demanding a release of any information about you we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with third-party marketers who offer their products and services to our patients.

### Count On Our Commitment To Your Privacy

We will attempt to keep you informed about how we protect your privacy and limit the sharing of information you provide to us—whether it is at our office, over the phone or through the Internet.

RETAIN THIS SHEET FOR YOUR RECORDS

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# Financial Policy

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## Private or Commercial Insurance

Patients with medical insurance, should remember that professional services are rendered and charged to the patient. You, as the patient, are responsible for fees arising from services provided. Your deductible amount or office copayment is to be paid at the time service is rendered per the contractual obligations between you and your carrier. If in the event your insurance company becomes insolvent, your account will not be held pending resolution of bankruptcy hearings. You will be held responsible for the bill.

## Medicare/Secondary Supplements

We will file your Medicare and Medicare supplement for you. Medicare patients will need to pay their deductible or 20% of the allowable charges, unless they have a Medicare supplementary insurance.

## Medicaid

This office agrees to see patients enrolled in Texas Medicaid programs. However, you the patient are responsible for providing your identification number. If you do not have your Medicaid ID form with you at the time of service, your appointment will be rescheduled- If you are a new enrollee, it is very important you contact us as soon as you receive your ID number. If you fail to do so, you will be held responsible for your bill.

## The Uninsured Patient

We recognize that there are occasions when surgical care is needed by a patient who does not carry

health insurance. In such circumstances, each case will be treated in a highly individualized manner. Arrangements must be made with the Financial Counselor prior to the service being rendered or, in the case of an emergency, on the first follow-up visit.

## Collection Policy

An account is considered delinquent and eligible for legal action after 60 days have passed from the date of service. If payment is not received from an insurance company within 60 days, the patient is expected to either contact the insurance company and/or pay the balance in full. If your insurance carrier delays payment past 60 days, you will be billed for your account. Please remember, that you have a commitment with the insurance carrier, so you must work out any problems that arise regarding your benefit plan or eligibility. We will assist you as we can, but you are ultimately responsible for any delays, omissions or refusals to pay by your carrier. The only exception is in the event that the physician has a contract with your carrier, and payments are adjusted per our contractual obligations. If an account has to be referred for collection, the patient is responsible for all fees and costs which are incurred.

## Treatment of Minors

In the event a minor comes to this office for treatment, the legal guardian must be available to approve treatment of the child. If the child warrants surgery, the legal guardian must sign the consent forms. The individual who brings the child in for treatment, will be responsible for paying all copayments at the time that services are rendered, regardless of their status as guarantor.

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Signature

Date