MSCA

THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Thank you for choosing The Multiple Sclerosis Center of Atlanta. We look forward to meeting you at your upcoming appointment.

Enclosed are a few items that will make your first visit with us flow more smoothly.

1. Directions
2. Patient Registration Form
3. New Patient Complaint/Background Form
4. Current Medication List
5. Agreements and Conditions of Treatments
6. Payment Policy
7. Patient Billing Notice
8. Notice of Privacy of Health Information Practices and Acknowledgement
9. Consent and Disclosure of Protected Health Information

Please come prepared by bringing the following items to your appointment:

1. Your completed forms.
2. Your insurance card(s) on all currently active medical insurance policies.
3. A Consult request from your referring physician. (A Consult request is a note from your referring physician stating why they want you to be seen by OUR neurologist along with any pertinent medical records and test results.) This information can be faxed to (404) 367-0257.
4. A referral, from your PCP (Primary Care Physician), if your insurance requires one. A referral is required for most HMO and some POS insurance policies. Check with your insurance company and your PCP if you have questions about whether one is required. Please have your referral faxed to (404) 351-4187 or bring it with you to your appointment. **Please note:** It is the responsibility of the patient to acquire a referral if one is needed. Any visits denied for no referral will be the patient's responsibility.
5. Your co-pay, if one is required, is to be paid at the time of registration.
6. Parking is cash or credit card only and could cost as much as $6.50. The parking facility is not owned or operated by MSCA or any tenants of The Palisades Building. MSCA does not validate parking.

Please bring your completed forms to the office with you at the time of your visit. There is no need to send them ahead of time. Please do not hesitate to call if you have any further questions.

Thank you,

MSCA Front Desk Staff

www.mscatl.org
3200 Downwood Circle, NW, Suite 550, Atlanta, GA 30327
(404) 351-0205

Updated 2016.12.21

MISSION STATEMENT

Multiple Sclerosis Center of Atlanta exists to improve the health and hope of MS patients through advocacy, education, state of the art treatment and research leading to a more promising future.

MSCOA
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Directions

3200 Downwood Circle, Suite 550
Atlanta, Georgia 30327
404-351-0205
404-351-4187 Fax

If you are North of Atlanta heading South on I-75

If you are heading South on I-75, take the West Paces Ferry exit #255. At the exit turn left, drive under the highway overpass and turn right at the light onto Northside Parkway (Hwy 41). Turn right at the second light onto Howell Mill Road. Drive past the Pavilion Building and the Summit at Paces Building on the left. Turn left at the next city street onto Downwood Circle. You will dead end into our parking deck.

If you are South of Atlanta heading North on I-75

If you are heading North on I-75, take the West Paces Ferry exit #255 and turn right at the first light onto Northside Parkway (Hwy 41). Take an immediate right at the first light onto Howell Mill Road. Drive past the Pavilion Building and the Summit at Paces Building on the left. Turn left at the next city street onto Downwood Circle. You will dead end into our parking deck.

From I-85 North or South

Take I-85 to I-75 North. Take West Paces Ferry exit #255. Turn right at the first light onto Northside Parkway (Hwy 41). Take an immediate right at the first light onto Howell Mill Road. Drive past the Pavilion Building and the Summit at Paces Building on the left. Turn left at the next city street onto Downwood Circle. You will dead end into our parking deck.

From I-20 East or West

Take I-20 to I-75 North. Take the West Paces Ferry exit #255. Turn right at the first light onto Northside Parkway (Hwy 41). Take an immediate right at the first light onto Howell Mill Road. Drive past the Pavilion Building and the Summit at Paces Building on the left. Turn left at the next city street onto Downwood Circle. You will dead end into our parking deck.

From 400 outside the I-285 perimeter

Take 400 South to I-285 West to I-75 South to West Paces Ferry exit #255. At the exit turn left, drive under the highway overpass and turn right at the light onto Northside Parkway (Hwy 41). Turn right at the second light onto Howell Mill Road. Drive past the Pavilion Building and the Summit at Paces Building on the left. Turn left at the next city street onto Downwood Circle. You will dead end into our parking deck.

From 400 inside the I-285 perimeter

Take 400 South to I-85 South to I-75 North. Take the West Paces Ferry exit #255. Turn right at the first light onto Northside Parkway (Hwy 41). Take an immediate right at the first light onto Howell Mill Road. Drive past the pavilion Building and the Summit at Paces Building on the left. Turn left at the next city street onto Downwood Circle. You will dead end into our parking deck.

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2017 Patient Registration Form

ACCOUNT # _____ *WELCOME TO OUR OFFICE* DOCTOR NAME _____

PATIENT INFORMATION

NAME: FIRST	M.I.	LAST	
STREET ADDRESS			APT./ UNIT #
CITY		STATE	ZIP
PATIENT'S PRIMARY PHONE # ☐ CELL ☐ HOME ☐ WORK		PATIENT'S SECONDARY PHONE # ☐ CELL ☐ HOME ☐ WORK	
PATIENT'S OTHER PHONE # ☐ CELL ☐ HOME ☐ WORK		PATIENT EMAIL ADDRESS	
SOCIAL SECURITY#	DATE OF BIRTH	AGE	☐ FEMALE ☐ MALE ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED
PATIENT'S EMPLOYER		OCCUPATION	
SPOUSE NAME		SPOUSE PHONE # ☐ CELL ☐ HOME ☐ WORK	
EMERGENCY CONTACT NAME & RELATIONSHIP TO PATIENT		EMERGENCY CONTACT PHONE # ☐ CELL ☐ HOME ☐ WORK	

PATIENT INSURANCE INFORMATION

PRIMARY INS. CARRIER	ID #	GROUP #
INSURED'S NAME	SOCIAL SECURITY #	DATE OF BIRTH
SECONDARY INS. CARRIER	ID #	GROUP #
INSURED'S NAME	SOCIAL SECURITY #	DATE OF BIRTH

RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

NAME: FIRST	M.I.	LAST	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	SOCIAL SECURITY #	
EMPLOYER NAME			
EMPLOYER ADDRESS	CITY	STATE	ZIP

PRIMARY CARE PHYSICIAN

PHYSICIAN ADDRESS	CITY	STATE	ZIP
PHYSICIAN NAME	SPECIALTY	PHONE	

REFERRING PHYSICIAN

PHYSICIAN ADDRESS	CITY	STATE	ZIP
PHYSICIAN NAME	SPECIALTY	PHONE	

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize any holder of medical or other information about me to release to my insurance company or to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits be made on my behalf to The MS Center of Georgia d.b.a. The Multiple Sclerosis Center of Atlanta. Regulations pertaining to medical assignments of benefits apply. I understand that I am financially responsible to the physician for charges not covered by this assignment or that which is above the usual and customary determined by my insurance company.

Signed X _____ Date _____

OPTIONAL - FOR MS STATISTICAL RESEARCH PURPOSES ONLY

ETHNICITY:	☐ AMERICAN INDIAN/ALASKAN NATIVE	☐ BLACK/AFRICAN AMERICAN	☐ NATIVE HAWAIIAN/PACIFIC ISLANDER	☐ OTHER
	☐ ASIAN	☐ HISPANIC/LATINO	☐ WHITE	
COMBINED ANNUAL INCOME FOR FAMILY	☐ LESS THAN $25,000	☐ $50,001 TO $75,000	☐ $100,001 TO $150,000	
LIVING IN PRIMARY DOMICILE:	☐ $25,001 TO $50,000	☐ $75,001 TO $100,000	☐ MORE THAN $150,000	

MSCOA
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Clinical Department
New Patient Complaint/Background Form

Patient Information

Name: _____ DOB: _____ Date: _____

Chief Complaint

Please list main problem: _____

_____

Please list any other active problems: _____

_____

_____

Background Information

Please list past medical problems and/or surgeries: _____

_____

_____

_____

Family History (Indicate any significant illnesses or cause of death, if applicable)

Mother _____ Brothers _____
Father _____ Children _____
Sisters _____ Other _____

Social History

Use of Tobacco? _____
Use of Alcohol? _____

List Current Medications (include doses): _____

_____

_____

_____

Allergies: _____

_____

_____

Please check the appropriate box to indicate whether you presently have or experienced in the past any of the following conditions:

- ☐ Headaches
- ☐ Visual Problems
- ☐ Speech Problems
- ☐ Hearing Problems
- ☐ Dizziness
- ☐ Stroke
- ☐ Seizures
- ☐ Fever
- ☐ Weight Loss
- ☐ Breathing Problems
- ☐ Heart Problems
- ☐ Sleep Problems
- ☐ Loss of Consciousness
- ☐ Low Back Pain
- ☐ Neck Pain
- ☐ Numbness
- ☐ Weakness
- ☐ Walking Problems
- ☐ Incontinence
- ☐ Memory Problems
- ☐ Depression
- ☐ Anxiety
- ☐ Cancer
- ☐ Other _____

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Clinical Department
Annual Current Medication Form

Patient Name: _____ **Date of Birth** _____ **Date of Service** _____

Please list ALL of your current medications, including prescriptions, injections, infusions, over-the-counter medications, supplements, vitamins, and herbal remedies.

	Name of Medication	Dosage	Frequency
1		/	/
2		/	/
3		/	/
4		/	/
5		/	/
6		/	/
7		/	/
8		/	/
9		/	/
10		/	/
11		/	/
12		/	/
13		/	/
14		/	/
15		/	/

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Agreements and Conditions of Treatments Form

AUTHORIZATION FOR TREATMENT

I _____, knowing that in a rare occurrence I could require emergency medical care, do voluntarily consent to care encompassing diagnostic procedures and medical treatment, as may be ordered by physicians. I further consent to treatment by authorized employees or agents of MS CENTER OF GEORGIA, d.b.a. THE MULTIPLE SCLEROSIS CENTER OF ATLANTA who are assigned to my care.

Patient Full Name (Please print clearly)	DOB	SS#

Patient Signature	Date Signed

Witness Name (Please print clearly)

Witness Signature	Date Signed

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Payment Policy Form

The Multiple Sclerosis Center of Atlanta is very concerned about the cost of your healthcare and the cost of medical services. Considerable care has been taken in setting our fees. Most physicians' fees are above the rate at which most insurance companies choose to pay. We use many sources to determine the appropriateness of our fees. We want to assure you that our charges accurately reflect the skill and expertise required for the complex care of patients with Multiple Sclerosis. We cannot and do not allow the payment or allowances of insurance companies to set the amount that we charge for services.

PAYMENT POLICY

To assist you, we will file claims with your insurance carrier. Our policy requires payment of all co-payments, co-insurance and deductibles at the time of service. All remaining balances are to be paid within 30 days of receiving your statement.

If your insurance plan requires a referral (HMO/POS) to be seen by a specialist, you are responsible for seeing that we have an ***active referral*** on file. An active referral indicates that your date of service is both (1) within the dates listed and (2) within the number of visits listed on the referral. If we do not have an active referral at the time of your visit and you still wish to be seen, you will be required to either pay for your visit in full at check-in or reschedule your appointment until such time as you are able to obtain an active referral.

It is your responsibility to verify with your insurance carrier that our physicians are considered ***in network*** with your plan. If your carrier processes your claim as ***out of network***, you are responsible for the balance of the charges. Please be aware that our agreement is with you and not your insurance company. Although we will assist you by submitting your claim to your carrier, ***you are ultimately financially responsible for the services you receive***. Payment to our office is neither contingent nor dependent upon your insurance company.

For your convenience, we are pleased to accept cash, checks, MasterCard and Visa for payment on your charges. Any check that is returned insufficient funds will be automatically redeposited by the bank and will incur a $15.00 charge. Any check returned unpaid will incur a $30.00 charge. If satisfactory payment arrangements on outstanding balances are not made and kept, an account will be considered for placement with an outside collection agency. If an account is placed with an outside collection agency the patient will be responsible to cover the agency's fees in addition to the outstanding balance. If an account is placed with an outside collection agency, future appointments may be delayed.

If you have questions concerning our financial policy, your insurance reimbursement or your account balance, please discuss them with our billing department.

POLICY ACKNOWLEDGEMENT

I have read and understand my financial responsibilities under this policy.

Patient Name (Please print clearly)	Patient Signature	Date

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THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Patient Billing Notice

IMPORTANT – PLEASE READ CAREFULLY

If you have no insurance coverage you will be responsible to pay for your initial visit in full at the time of service. After that appointment you may contact case management at extension 142 regarding any patient assistance program for which you may qualify. Services provided prior to confirmation of qualifying for patient assistance will be billed at our standard rate and will have to be paid in full. Self pay patients and patients qualifying for a financial assistance program are required to pay for all services at time of service.

If you have insurance coverage it is very important that you have a good understanding of your health plan benefits. Clearly understanding your plan benefits prior to your services will allow you to choose healthcare providers and treatment options that won't become a financial burden to you. All patient balances must be paid within 30 days of notice.

Here are a few things to keep in mind:

- Remember to make sure your doctor and Multiple Sclerosis Center of Atlanta, Tax ID 55-0821471, are listed as participating providers under your carrier AND under your plan type. If not, you will need to consider changing doctors or be prepared to pay the additional expense of seeing an out of network provider.

- Research your plan for ALL potential needs you might have. This includes services such as: office visits, MRI's, durable medical equipment, infusions, lab work, prescriptions and inpatient or outpatient rehabilitation. Find out your costs in each of these areas. A carrier giving you authorization for a service does not mean they will cover 100% of the charges.

- Realize all copays, co-insurance, deductibles and out of pocket maximums are expected to be paid at the time of service. Insurance claims are filed as a convenience for you, but you are ultimately responsible for your charges. All patient balances are to be paid in full within 30 days of notice.

- Be sure to consider the items above with any additional, secondary or supplemental policies you may have. These additional policies may not pay all or any of the balances left by your primary policy. If not, you will need to be prepared to pay the balance.

It is important to contact the billing department as soon as possible with any changes to your coverage. When there has been a change **do not** schedule any appointments until your plan has been researched to determine in network or out of network coverage, precertification/referral requirements and your financial responsibility. If you already have appointments scheduled you need to let us know and be prepared to reschedule. Regardless of how small the change, it can have a big impact on your coverage and how much you will be responsible to pay. This could be as simple as a change in the type of plan you have with your current carrier or a change in the amount of your co-pay, deductible or out-of-pocket expenses to completely changing insurance carriers. If you are Medicare eligible, this also applies to which insurance company administers your Medicare benefits.

It is also critical for you to give us information on <u>all</u> of your <u>active</u> <u>healthcare</u> <u>policies</u> in order for your claims to be filed accurately the first time. Insurance coverage is not an item that you can pick and choose what policy you want to use or in what order you want to use it. Federal, State and even insurance carrier guidelines dictate the order in which your claims must be filed. Incorrect claim filing costs time and money to both you and MSCA.

THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Notice on Privacy of Health Information Practices

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.

This notice will tell you about the ways in which The Multiple Sclerosis Center of Atlanta ("MSCA") may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. The terms "information, "health information" or "medical information" in this notice include any information that we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for your health care.

We are required by law to:

- Make sure medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide you with a revised notice at your first visit after the revision or electronically as permitted by applicable law. In all cases, we will post the revised notice on our website www.mscatl.org. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

How we may use and disclose your medical information:

Each time you visit MSCA, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record and containing your health information, may be used and disclosed in different ways. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

1. Treatment. We may use and disclose medical information in the course of providing, coordinating or managing your medical treatment, including the disclosure of medical information for treatment activities of another health care provider. We may use your medical information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your medical information in order to write a prescription for you, or we might disclose your medical information to a pharmacy when we order a prescription for you. Many of the people who work at MSCA - including, but not limited to, doctors, nurses, technicians, students and trainees (both health professional and administrative) - may use or disclose your medical information in order to treat you or to assist others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your medical information to other health care providers for purposes related to your treatment.

2. Payment. We may use and disclose your medical information so that the treatment and services you receive at MSCA may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure you received at MSCA so your health plan will pay MSCA or reimburse you. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

3. Health Care Operations. We may use and disclose your medical information as part of our operations. These operations include, but are not limited to, quality assessment and improvement of our services and treatment, provider training, underwriting activities, compliance and risk management activities, planning and development, management and administration, and disclosures to doctors, nurses, technicians, students, trainees, attorneys, consultants, accountants and others for review and learning purpose. We may also disclose your medical information to other health providers and health plans for certain of their health care operations, provided

that those other plans or providers have, or had in the past, a relationship with you.

4. Appointment Reminders. We may use and disclose your medical information to contact you and remind you of an appointment. For example, we may contact the home telephone number or business telephone number you provide to us on your patient information form and leave a message on your answering machine reminding you of an upcoming appointment in our office.

5. Treatment Options. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that our staff have determined to possibly be of benefit to you.

6. Health-Related Benefits and Services. We may use and disclose your medical information to inform you of health-related benefits or services that may be of interest to you.

7. Individuals Involved in Your Care. We may release your medical information to a friend or family member who is actively involved in your medical care. We also may release medical information to someone who helps pay for your care. This would be the minimum information necessary to facilitate payment.

8. Participation in an Organized Health Care Arrangement. To the extent MSCA participates in an organized health care arrangement pertaining to you, we may disclose your medical information to other covered entities that participate in such arrangement.

9. Business associates. During the course of providing treatment to you, obtaining payment for your care and conducting normal practice operations, MSCA works with business partners. For example, MSCA works with computer software and hardware companies. Though every reasonable attempt will be made by MSCA to limit access by business associates to patient information, it is impossible to prevent all such access. Therefore, MSCA requires all business associates to enter into contractual agreements that require these business associates to limit their access to patient information to that which is necessary or unavoidable. Furthermore, our contracts with business associates require that all access to patient information that does occur will be managed according to strict principles of confidentiality and privacy. These business associates are required to follow the same privacy laws as MSCA, including protecting your information and taking appropriate measures in the event of a breach of your medical information.

10. Marketing activities. We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. We may not sell your PHI without your written authorization. However, we may communicate with you about some products or services related to your treatment, case management, care coordination, alternative treatments, therapies, healthcare providers or care settings without your permission. Marketing activities do not include a communication made to you to provide refill reminders or otherwise communicate with you about a drug or biologic that is currently being prescribed for you. Communications for activities such as providing information about a generic equivalent of a drug being prescribed to you, as well as adherence communications encouraging you to take your prescribed medication as directed are excluded from marketing activities.

In situations where marketing communications involve financial compensation, MSCA will obtain a valid authorization from you before using or disclosing PHI for such purposes. The disclosure will indicate that we are receiving financial compensation from a third party. Additionally, where we have an arrangement with a business associate (including a subcontractor) who receives financial compensation from a third party in exchange for making a communication about a product or service, such communication also requires your prior authorization.

11. Fundraising activities. We may use your demographic information, the dates on which you were treated at MSCA, the outcome of your treatment, your treating physician and your insurance status to contact you in an effort to raise money for MSCA and its operations. If you do not want MSCA to contact you for fundraising efforts, you have the right to opt-out of these communications by notifying the MSCA Privacy Officer in writing at 3200 Downwood Circle, Suite 550, Atlanta, GA 30327.

12. Research. Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medicine to those who received another, for the same condition. All research projects, however, are subject to a special approval

process. This process evaluates a proposed research project and its use of medical information and tries to balance the research needs with patients' needs for privacy of their medical information. We may disclose your medical information to people preparing to conduct a research project. For example, we may allow researchers to review patient records to help them determine if a particular research project will be successful. We always require that researchers honor the confidential nature of your medical information. Finally, it is a requirement of all approved research studies that any publication of results contain full de-identification of the medical information; that is, in no way will a reader of the publication be able to identify you with the medical information disclosed in the publication. Where research involves the use or disclosure of psychotherapy notes, an authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for psychotherapy notes.

13. As Required by Law. We will disclose your medical information when required to do so by federal, state or local law.

14. To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of others. Any disclosure, however, would only be to someone able to help prevent the threat.

Special situations:

15. Military and Veterans. If you are a member of the armed forces, we may release your medical information as required by military command authorities. We also may release medical information about foreign military personnel to the appropriate foreign military authorities.

16. Workers' Compensation. We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

17. Public Health Activities. We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report reactions to medicines or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

18. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

19. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We also may disclose your medical information in response to a subpoena, search warrant, discovery request or other lawful process by someone else involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

20. Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at MSCA
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

21. National Security and Intelligence Activities. We may release your medical information to authorized federal officials for intelligence,

counterintelligence and other national security activities authorized by law.

22. Protective Services for the President and Others. We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

23. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the individuals housed in the correctional institution.

24. Coroners, Medical Examiners or Funeral Directors. We may disclose medical information to coroners, medical examiners or funeral directors as necessary to enable these parties to carry out their duties.

25. Breaches. In the event of a known or suspected violation of your privacy, we may disclose facts including some patient information to you, investigating authorities, and/or the U.S. Department of Health and Human Services. We may also share information regarding the breach with the news media, but would not provide them with any identifiable information about you.

26. Psychotherapy Notes. Psychotherapy notes may not be disclosed without your authorization except in limited circumstances.

27. Organ and Tissue Donation. If you are an organ donor, MSCA may use or release your health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION FOR WHICH AUTHORIZATION IS REQUIRED.

Other types and uses of your medical information described above or otherwise permitted by law will be made only with your written authorization, which you have the limited right to revoke in writing.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Although your health record is the physical property of MSCA, the information belongs to you. You have the following rights regarding your medical information that we maintain:

1. Right to inspect and copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. This includes medical and billing records in physical form or electronic copy. To inspect and/or copy medical information that may be used to make decisions about you, you must submit your request in writing to the manager of Medical Records at MSCA (or his/her designee). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by MSCA will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

2. Right to request third-party disclosure. You have the right to request that information regarding your care be sent to a third party. Your request must be signed, in writing and must clearly designate the third party to whom MSCA should send the requested information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

3. Right to amend. You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the MSCA Privacy Officer, 3200 Downwood Circle, Suite 550, Atlanta, GA 30327. You must provide us with a reason that supports your request for amendment. MSCA will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the medical information

kept by or for MSCA; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by MSCA, unless the individual or entity that created the information is not available to amend the information.

4. Right to an accounting of disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your medical information. Exceptions: Disclosures as a result of a valid authorization and disclosure to individuals made as part of activities 1 to 14, 18, 20 and 25 above may not be available (every therapist, nurse, etc. involved in your care, every audit of care provided, etc.) and may not, therefore, be included in the accounting of disclosures provided to you. To request this list or accounting of disclosures, you must submit your request in writing to the MSCA. Your request must state a time period, which may not be longer than six years and may not include dates before November 1, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost prior to providing the list, and you may choose to withdraw or modify your request at that time before any costs are incurred.

5. Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or who pays for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to a specific family member who is not a legal guardian. We are not required to agree to all of your requests. In particular, we will not agree if we have any concern that this could compromise our ability to provide appropriate care to you. Also, we cannot agree to deny access to your records by a parent or legal guardian. You do have the right to restrict disclosures of medical information to a health plan if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which you have paid out-of-pocket in full. To request restrictions, you must make your request in writing to the MSCA Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply.

6. Right to request confidential communications. You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will make reasonable efforts to comply. We reserve the right to take back our agreement should we feel this is necessary to protect you. To request confidential communications, you must make your request in writing to the MSCA Privacy Officer. We will not ask you the reason for your request. We will make reasonable efforts to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

7. Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.mscatl.org, or to obtain a paper copy of this notice, contact the MSCA Privacy Officer at 404-351-0205.

8. Right to be notified following a breach of unsecured medical information. You have a right to and will receive notifications of breaches affecting your medical information. A breach means the access, use or disclosure of your unsecured protected health information in a manner not permitted under HIPAA. If this occurs, you will be provided information about the breach, information about the steps MSCA has taken to minimize harm as a result of the breach and how you can lessen any harm as a result of the breach.

Complaints:

If you believe your privacy rights have been violated, contact the MSCA Privacy Officer.

All complaints must be in writing.

You may also send a written complaint to the U.S. Department of Health and Human Services at:
Region IV, Office for Civil Rights, DHHS
61 Forsyth Street, SW, Suite 16T70 Atlanta, GA 30303
FAX 404-562-7881

Complaints filed directly with DHHS must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

You will not be penalized in any way for filing a complaint.

Other uses of medical information:

Other uses and disclosures of medical information not covered by this notice or state or federal laws that apply to MSCA will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. MSCA is unable to take back any disclosures we have already made prior to your revocation of permission to disclose.

Notice of Privacy Policies Revision Number: 3.
Adopted as of November 1, 2003; Revised effective September 23, 2013

MSCA
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Patient Acknowledgement of MSCA "Notice on Privacy of Health Information Practices"

Copies of the MSCA "Notice on Privacy of Health Information Practices" are available.

- Electronic copies are available at www.mscatl.org.
- Laminated copies for in-office review are available in the MSCA Lobby.
- Paper copies are available upon request at the MSCA Front Desk.

I acknowledge that The Multiple Sclerosis Center of Atlanta's "Notice on Privacy of Health Information Practices" has been made available to me on the date set forth below.

_____

Date of Receipt

Patient Information *(please print clearly)*:

_____ _____

Last Name *First Name* *Middle Initial* *Date of Birth (Month/Day/Year)*

_____

Signature of Patient or Legal Guardian/Personal Representative

_____ _____

Print Name of Legal Guardian/Personal Representative *Relationship to Patient*

For use by MSCA Personnel Only (complete this section if patient acknowledgment is **not** received):

A Patient Acknowledgment of Receipt of Notice on Privacy of Health Information Practices was not received because:

- ☐ Patient refused to sign Acknowledgment
- ☐ Unable to gain signed Acknowledgment due to communication/language or other barrier
- ☐ Patient was unable to sign Acknowledgment due to emergency treatment situation
- ☐ Other: *Please indicate reason* _____

Signature of MSCA Representative:_____ Date:_____

MSCA
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for The Multiple Sclerosis Center of Atlanta (MSCA) to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). MSCA's Notice on Privacy of Health Information Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice on Privacy of Health Information Practices, which is available upon request or on MSCA's website at www.mscatl.org, prior to signing this consent. MSCA reserves the right to revise its Notice on Privacy of Health Information Practices at any time. A revised Notice on Privacy of Health Information Practices may be obtained by forwarding a written request to the MSCA Medical Records Department at 3200 Downwood Circle, Suite 550, Atlanta, GA 30327.

With this consent, MSCA may call my home or other alternative location as I might designate, and leave a message on voicemail or in person in reference to any items that assist MSCA in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, MSCA may mail to my home or other alternative location as I might designate, any items that assist MSCA in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, MSCA may e-mail to the e-mail address that I designate, any items that assist MSCA in carrying out TPO, such as appointment reminder cards and patient statements.

MSCA has my permission to discuss my medical condition, treatment, test results, billing account information or any other pertinent information regarding my care with the following person(s):

Name:_____ Relationship:_____

Name:_____ Relationship:_____

I have the right to request that MSCA restrict how it uses or discloses my PHI to carry out TPO. However, MSCA is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. I do have the right to restrict disclosures of PHI to a health plan if the disclosure is for TPO and pertains to a healthcare item or service for which I have paid out-of-pocket in full, and I also understand that MSCA must honor this requested restriction. To request restrictions, I must make my request in writing to the MSCA Privacy Officer and I must specify (i) what information I want to limit, (ii) whether I want to limit MSCA's use, disclosure or both, and (iii) to whom I want the limits to apply.

By signing this form, I am consenting to MSCA's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that MSCA has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, MSCA may decline to provide treatment to me.

_____ _____

Print Patient's Name Date

_____ _____

Signature of Patient or Legal Guardian Print Name of Legal Guardian

Updated 2016.12.21

MSCOA
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Medical Records **Request** Form

Date: _____

Patient Name: _____ Patient Phone: _____

Date of Birth: _____ SSN: _____

Acct #: _____ Physician: _____

Medical Records Needed:

All: _____ Dr. Notes: _____ Labs: _____ Tests: _____

From Date: _____ To Date: _____

MRI Images Needed:

All: _____ Film: _____ Disc: _____ Report: _____

From Date: _____ To Date: _____

I, the undersigned patient/guardian hereby authorize the following **release** of medical information:

FROM: YOUR PHYSICIAN	**TO: MULTIPLE SCLEROSIS CENTER OF ATLANTA**
Name: _____ Address: _____ _____ Phone: _____ Fax: _____	ATTN: Medical Records 3200 Downwood Circle NW Suite 550 Atlanta, GA 30327 Phone: 404-351-0205 x143 Fax: 404-367-0257

I understand this authorization includes release of all medical records including HIV records, psychiatric mental illness, drug/alcohol abuse records, venereal disease and any other statutory protected diseases. This authorization and consent will expire in ninety (90) days following the date signed. I understand that I may revoke this authorization and consent at any time to the extent that action has previously been taken in reliance hereof.

_____ _____

Signature of Patient/Guardian Date of Signature

_____ _____

Relationship to Patient Signature of Witness

MSCA
THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

MRI (Magnetic Resonance Imaging)
Clinical and Financial Considerations

So, Your Doctor Ordered an MRI.

Why Are MRIs Important?

MRIs (Magnetic Resonance Imaging) are an integral part of diagnosing and checking progression of MS lesions on the brain and spinal cord. Therefore, the physicians of MSCA order MRIs routinely. For some patients it may be one MRI a year. For others it may be as many as one MRI every 3 months or multiple MRIs at the same time. These MRIs allow the physicians to see where the lesions are and compare them to your last MRI for any changes. Lesions are scarring on the brain and/or spine. The location of the lesions will most likely determine in what areas you may experience the most challenge.

As you can tell, MRIs will be important in determining the course of your treatment plan. Since Multiple Sclerosis is a chronic, lifelong disease, you will want to become very familiar with your insurance coverage benefits each new plan year.

Do You Know Your Insurance Benefits?

First, you should know if your plan year is January through December or some other twelve month period, such as July through June. This will let you know when your deductible and maximum out of pocket starts over again. Next, realize that, even if you keep the same insurance carrier and insurance plan, there could be changes in your actual coverage and benefits.

With this in mind, it is important for you to have answers to a few questions.

- How many MRIs were ordered?
- How much is your annual deductible and maximum out of pocket?
- Will your MRIs be applied to your annual deductible and/or maximum out of pocket expenses?
- When it is time for your MRI how much do you have left to meet of your annual deductible and maximum out of pocket?
- Will you have a separate copay for MRIs outside your deductible and maximum out of pocket?
- Is your FSA or HRA account balance sufficient to cover your MRI balance?

Call your insurance carrier(s) and find out the answers to these questions so you know how to plan your finances.

Will You Need Financial Assistance?

Understandably, there may be times when you may want to seek financial assistance to cover your portion of the costs of your MRI(s). Knowing the answers to the previous questions will be the first step in determining this. We won't know if you need assistance if you don't tell us and you won't know if you need assistance if you don't know your insurance coverage and benefits.

If you determine you will need assistance please call MSCA. There are several ways in which we may be able to help. It may be as easy as making monthly payment arrangements to ensure that your MRI balance is paid in full before your next MRI appointment. Also, there are MS and pharmaceutical organizations that provide funding for patient balances after insurance and also for patients without insurance for office visits, MRIs, prescriptions, etc. And finally, the MS Center will occasionally receive a grant to offset patient balances on future services. Just remember, it is important that you contact us before the appointments are made in order to meet time deadlines and determine qualification.

For more info, you may contact:
Billie Bishop at 404-351-0205 x 148 or
Debbie Means at 404-351-0205 x 142.

Updated 2016.12.21

MSCA

THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Date: January 1, 2017
Re: Disclosure Notice
To: Multiple Sclerosis Center of Atlanta Patients,

MS-Rx, a specialty pharmacy, is located on the 4th floor directly below our offices. MSCA is recommending MS-Rx for the medications prescribed by our providers and it is now MSCA's pharmacy of choice unless otherwise notified. MS-Rx is committed to providing complete benefits information, required authorizations, patient costs and any financial assistance information available for your medications. They will work closely with you and your MSCA providers on any prescription changes as well as refills and contact you to answer any questions you may have regarding your prescriptions. If your insurance plan designates a specific pharmacy with no other options, MS-Rx will forward your prescription directly to them after obtaining the information mentioned above.

MSCA is excited to incorporate this key component of providing comprehensive care by bringing this service to our patients. Although this is MSCA's recommendation, you are under no obligation to process your medications through MS-Rx. If you have any questions, please feel free to contact our office or MS-Rx at 404-856-4810.

Patient Acknowledgement of Disclosure Notice

Patient Name (Please Print Clearly) _____ Date of Birth _____

Patient Signature _____ Date Signed _____

Waiver Option

☐ I do not wish for MS-Rx to assist me with my medications.

www.mscatl.org
3200 Downwood Circle, NW, Suite 550, Atlanta, GA 30327
(404) 351-0205

MISSION STATEMENT

Multiple Sclerosis Center of Atlanta exists to improve the health and hope of MS patients through advocacy, education, state of the art treatment and research leading to a more promising future.