



Elite Primary Care

Patient Policies & Notices

THIS DOCUMENT CONTAINS IMPORTANT
INFORMATION REGARDING YOUR RIGHTS,
RESPONSIBILITIES, AND OUR CLINIC POLICIES.

PLEASE REVIEW CAREFULLY.

Full acknowledgment is obtained through the New Patient Intake Form.

Effective Date: April 2026

**For any questions or clarifications, please contact our office:
(503) 922-2888
19755 SW Tualatin Valley Highway, Beaverton, OR 97006**



NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS DOCUMENT SUMMARIZES HOW ELITE PRIMARY CARE (EPC) MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) AND OUTLINES YOUR RIGHTS REGARDING THAT INFORMATION.

We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, and notify you following a breach of your unsecured information. PHI is information about you that may identify you and relates to your past, present, or future physical or mental health conditions or care services.

We understand that this Notice contains general and comprehensive language as required by federal law. If you have any questions regarding how your information may be used or disclosed, we encourage you to ask our staff for clarification at any time.

1. USES AND DISCLOSURES WITHOUT YOUR SPECIFIC AUTHORIZATION

These uses and disclosures are permitted under federal law and are necessary to provide you with safe, effective, and coordinated medical care. Your consent for these activities is not required; however, they are limited to the minimum necessary information to perform each function. All uses and disclosures are conducted in accordance with applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

- ◆ We may use or disclose your PHI without your written permission for the following purposes:

Category	Description
Treatment	To provide, coordinate, and manage your healthcare, including consultation with specialists, laboratories, or other providers involved in your care.
Payment	To bill and collect payment for services provided, which includes verifying insurance eligibility, submitting claims, and performing utilization review activities.
Health Care Operations	To support our business activities, such as quality assessment, improvement, staff training, licensing, legal, and compliance purposes.
Business Associates	We may share PHI with third-party service providers (Business Associates) who perform functions on our behalf (e.g., billing, legal, or data storage.) These associates are required by contract to safeguard your PHI.



PRIVACY PRACTICES (HIPAA)

(continued)

2. DISCLOSURES REQUIRING OPPORTUNITY TO AGREE OR OBJECT

You have the opportunity to **agree or object** to the following disclosures:

- ◆ **Individuals Involved in Your Care or Payment:** We may disclose PHI to a family member, relative, close personal friend, or any other person you identify, if that information is relevant to their involvement in your care or payment for care.
- ◆ **Disaster Relief Efforts:** We may disclose PHI to public or private entities authorized to assist in disaster relief efforts (e.g. Red Cross) for notification purposes.
- ◆ **Facility Directory:** If you are admitted to a facility, we may include your name, location, and general condition in a directory, unless you object.

3. OTHER PERMITTED DISCLOSURES (REQUIRED BY LAW OR PUBLIC INTEREST)

We may disclose your PHI without your authorization when required or permitted by law for specific public benefit or law enforcement purposes:

- ◆ **Required by Law**
- ◆ **Public Health and Safety** (e.g., preventing disease, reporting product defects, preventing serious threats to health or safety).
- ◆ **Health Oversight Activities** (e.g., audits, investigations, inspections by government agencies).
- ◆ **Abuse, Neglect, or Domestic Violence** (to appropriate government authorities).
- ◆ **Judicial and Administrative Proceedings** (in response to a court order or subpoena).
- ◆ **Law Enforcement Purposes** (including as required by law or in response to lawful requests by authorized officials).
- ◆ **Coroners, Medical Examiners, and Funeral Directors** (for identification, determining cause of death).
- ◆ **Organ, Eye, and Tissue Donation** (to organizations that facilitate donation).
- ◆ **Research** (when approved by an Institutional Review Board or Privacy Board).
- ◆ **Military and Veterans** (to command authorities for Armed Forces personnel).
- ◆ **National Security and Intelligence** (to authorized federal officials).
- ◆ **Workers' Compensation** (to comply with legally established programs).
- ◆ **Inmates** (to correctional institutions or law enforcement officials under certain conditions).

4. USES REQUIRING YOUR WRITTEN AUTHORIZATION

All other uses and disclosures not described above require your specific written authorization, including:

- ◆ Most uses and disclosures for **marketing** purposes.
- ◆ Disclosures that constitute the **sale of PHI**.
- ◆ Most uses and disclosures of **psychotherapy notes** (if applicable).

You may revoke and authorization in writing at any time, but this will not affect disclosures already made under the authorization.



PRIVACY PRACTICES (HIPAA)

(continued)

5. YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the following rights concerning your PHI:

- ◆ **Right to Access and Copy:** You have the right to inspect and obtain a copy of your medical and billing records.
- ◆ **Right to Restrict Disclosures:**
 - You can ask us to limit how we use or disclose your PHI for treatment, payment, or health care operations. *We are not required to agree to all restrictions.*
 - **Mandatory Restriction for Self-Pay:** You have the right to restrict disclosure of your PHI to your health plan (insurer) if you pay for the service **completely out-of-pocket (in full)** at the time of service. *We are required to agree to this specific restriction.*
- ◆ **Right to Confidential Communications:** You can request to receive communications from us by alternative means or at an alternative location (e.g., receiving appointment reminders at a work email).
- ◆ **Right to Amend:** You have the right to request an amendment to your information if you believe it is inaccurate or incomplete.
- ◆ **Right to an Accounting of Disclosures:** You have the right to receive a list of certain disclosures we have made of your PHI, excluding those for treatment, payment, or operations.
- ◆ **Right to Notification of a Breach:** You have the right to be notified following a breach of your unsecured protected health information.
- ◆ **Right to a Paper Copy:** You have the right to request and receive a paper copy of this Notice at any time.

6. COMPLAINTS AND CONTACT INFORMATION

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Elite Primary Care reserves the right to update this Notice at any time in accordance with applicable laws. Updated versions will be made available upon request and through our patient portal.

This policy is acknowledged through the Elite Primary Care New Patient Intake Form. By signing the intake form, the patient confirms they have received, reviewed, or been given the opportunity to review this policy, whether provided electronically or in-office.



FINANCIAL POLICY

CHECK-IN

At the time of check-in at each visit we require your current medical insurance so we can verify eligibility. If you do not have active insurance, office visit charges are due at the time of service. You may also receive a statement for any additional lab fees or charges incurred.

All copays and any outstanding balances on your account or any account for which you have financial responsibility are due upon check-in unless prior arrangements have been made with the billing department.

You will also be required to show identification and update any changes in address or contact information. If you are unable to satisfy these requirements at the time of check-in, your appointment may be rescheduled or you may be required to pay the full cost of your visit for that day.

Failure to provide accurate and complete insurance information at the time of service may result in full financial responsibility being assigned to the patient.

MEDICAL INSURANCE

A medical insurance policy is a contract between a patient and the insurance carrier. We bill your insurance as a courtesy to you. It is your responsibility to know your insurance benefits *prior to* receiving services, and to verify that our office is *in network*, and that all pre-approval requirements are met to avoid denials.

We do NOT guarantee that any service provided will be covered by your insurance company, including routine wellness exams (physicals). It is your responsibility to verify that your plan allows routine wellness exams (physicals) and to schedule them within the time limit allowed by your insurance plan.

Payments not received within 60 days from your insurance may be transferred to your financial responsibility. Verification of benefits is not a guarantee of payment. Coverage determinations are made solely by your insurance carrier.

You are responsible for all denied and non-covered services, including: copays, co-insurance, and deductibles; services deemed not medically necessary by your insurance; services not covered due to pre-existing condition clauses or other diagnosis not covered by your plan; out-of-network benefits; if your plan does not provide coverage for physicals, well-child exams, immunizations, sport physicals and other routine services; and charges resulting from the patient's failure to provide information requested by your insurance company.

LABS & IMAGING

As part of your care, lab tests or imaging may be ordered. Some basic lab tests are processed in our office and will be billed to your insurance as part of your visit.

We use **Quest Diagnostics** for labs not processed in our office. **Quest** will bill your insurance separately for labs. Any charges incurred by **Quest** or other imaging facilities not covered by your insurance will be your financial responsibility, even if your insurance deems those services medically unnecessary or non-covered.



FINANCIAL POLICY

(continued)

PAYMENT

Balances on your account or on an account for which you are financially responsible are due at the time you receive the statement. If you are unable to pay the full amount of outstanding balance at the time it is due, it is your responsibility to contact our billing department to make payment arrangements.

Failure to pay your account balance within 60 days may result in your account being inactive and non-emergent services being withheld until the balance is paid in full. Delinquent accounts may be turned over to a collection agency and you may be discharged from the practice. Any charges and fees resulting from this action, including legal fees, will be your responsibility. There is a \$35 fee for any check returned by the bank.

CARD ON FILE

By providing a card on file, you authorize Elite Primary Care to charge the card for applicable patient responsibility balances in accordance with this policy, including but not limited to copays, deductibles, coinsurance, no-show fees, and outstanding balances after insurance processing.

Your card will be securely stored and will only be charged for applicable patient responsibility balances (such as copays, deductibles, coinsurance, outstanding balances, or policy-based fees including no-show/late cancellation fees) in accordance with our clinic policies. Charges are not made outside of these agreed terms.

Failure to comply with financial policies may result in rescheduling of non-urgent appointments, restriction of scheduling privileges, or dismissal from the practice in accordance with applicable laws and regulations.

NO SHOWS / LATE CANCELLATIONS

If you miss your appointment without notice, cancel or reschedule your appointment with less than 24 business hours' notice, you will be subject to a \$50 fee, which will be charged in accordance with the clinic's card on file policy.

After 3 or more no-shows or late cancellations, you may be discharged from the practice. Charges to the card on file may be processed for applicable patient responsibility balances after insurance processing or when a policy-based fee is incurred, in accordance with this policy.

Elite Primary Care reserves the right to update this Financial Policy at any time in accordance with applicable laws and clinic operations. Updated versions will be made available upon request and through our patient portal.

This policy is acknowledged through the Elite Primary Care New Patient Intake Form. By signing the intake form, the patient confirms they have received, reviewed, or been given the opportunity to review this policy, whether provided electronically or in-office.



NO SHOW / LATE CANCELLATION POLICY

At Elite Primary Care, we are committed to providing quality care to all our patients. In order to do so efficiently and effectively, we require timely notice of any changes to scheduled appointments. This allows us to offer the appointment slot to another patient who may be waiting for care.

Our Clinic Policy:

1. Missed appointments (No Shows), late cancellations, or appointment changes made with less than 24 business hours' notice will result in a \$50 fee.
 - ◆ This fee is applied to protect provider time and ensure access to care for all patients.
 - ◆ This fee is not billable to insurance, will not be submitted to insurance under any circumstance, and remains the sole financial responsibility of the patient.
 - To avoid the fee, please provide at least 24 business hours' notice when cancelling or rescheduling an appointment.
(Example: If your appointment is scheduled for Monday at 3:15 PM, you must cancel before Friday at 3:15 PM)
2. If you call and there is no answer, please leave a voicemail. The voicemail system timestamps your message, and this will serve as the official cancellation time.
3. By maintaining a card on file with Elite Primary Care, you authorize the clinic to charge the applicable no-show or late cancellation fee in accordance with this policy.
4. Repeated missed appointments or late cancellations may result in restriction of scheduling privileges or dismissal from the practice.

Elite Primary Care reserves the right to update this No Show / Late Cancellation Policy at any time in accordance with applicable laws and clinic operations. Updated versions will be made available upon request and through our patient portal.

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