

**Rio Grande Medical Group  
Notice of Privacy Practices**

By signing this for, you grant consent to Rio Grande Medical Group, Ltd. the right to use and disclose your protected health information for the purposes of treatment, payment and health care operations subject to our Privacy Policy and as they may change from time to time. The following is a summary of our Private Policy. A complete copy is available as outlined below.

Rio Grande Medical Group, Ltd. has developed a Privacy Policy to address the following:

1. We will use and disclose your health care information for the purposes of treatment, payment and to support other related, defined health care operations.
2. We will keep your health care information confidential, releasing it only according to our policies. In general, we will release your information to others only if we are referring you for care, or if you direct us to do so. However, there are exceptions to the general limitation. (An example would be a release of information that is requires by state or Federal Law.)
3. You have the right to request to inspect and copy the health care information we keep regarding you, or regarding for whom you are the guardian.
4. You have the right to request that we amend the health care information we keep regarding you, or regarding someone for whom you are the guardian.
5. You have the right to request a list of non-routine disclosures to other parties we have made of your health care information, or that someone for whom you are a guardian.
6. You have the right to request that we limit the disclosure we make of your health care information. We are not required to accept that limit but, if we do so, we will be bound by that agreement.
7. You have the right to request specific confidential communications within our office. Again, we are not required to agree to that limitation but, if we do so, we will be bound by that agreement.

Our Privacy Policy is subject to change from time to time. If we change our policy, you may obtain a copy of the revised notice by

- Contacting us in our Las Cruces office or by calling (575) 532-8900.
- Web site: <http://www.riograndemedical.com>

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent previously granted.

**Medicare/Medicaid Cancellation Policy**

\_\_\_\_\_ I understand that Rio Grande Medical Group policy requires me to give at least 2 hours notice for cancellation of a sick or recheck visit or 24 hours for a wellness visit. I understand that I will be terminated as a patient if I fail to give proper notice three times

**Cancellation Policy**

I understand that my account will be charged a \$25.00 fee if I fail to give proper notice of cancellation 2 hours before a sick/recheck visit or a \$ 55.00 fee 24 hours before a wellness visit for my dependents and myself.

\_\_\_\_\_ I understand that my insurance will not be reimburse me for this fee charge.

**Financial Policy**

I hereby authorize Rio Grande Medical Group to furnish information to insurance carriers and other necessary parties concerning my illness and treatments. I hereby assign to the doctor all payments for medical services rendered to my dependents or myself. I understand that all co-payments and deductibles not met are due on the day of service and I am liable for all charges not reimbursed by my insurance. A photocopy of this shall be considered valid.

By signing here I understand my privacy rights as a patient, cancellation policy and financial policy at Rio Grande Medical Group.

\_\_\_\_\_  
Patient or Responsible Party

\_\_\_\_\_  
Date