



**Advanced Cardiovascular Clinic**  
**6122 West Pierson Rd Unit 1**  
**Flushing MI 48433**  
**Phone (810)600-3399**  
**Fax (810)600-3398**

### **Office Policies**

#### **WELCOME**

We would like to take this opportunity to welcome you to Advanced Cardiovascular Clinic. Our office provides you with advanced quality health care for your needs in a convenient location and comfortable environment. We have a highly qualified and trained staff of specialists who provide comprehensive services.

#### **APPOINTMENTS**

Our general office hours are Monday through Friday from 9:00 a.m. to 5:00 p.m. Patients are seen by appointment only. Appointments are arranged at the earliest appointment time available. If for some reason you can not keep your appointment, please notify the office within 24 hours so another patient in need of medical attention may fill the allowable time slot. On the day of your appointment please bring a list of medications along with any changes in insurance. An answering service will be available after office hours for emergency situations.

#### **FEES AND INSURANCE**

The patient is always responsible for his or her bill, and therefore is also the responsible party for the maintenance and bylaws of his/her contract and/or insurance policy. Patients are responsible for all co-pays, deductibles, and fees not covered by their insurance. Patients should be prepared to pay for services when they are rendered. Patients are responsible for bringing signed insurance forms when indicated and all referral forms upon treatment.

As always our office appreciates your referrals of friends, relatives, and neighbors. We look forward to a long and healthy relationship with you. Once again we welcome you to our office! If you should have any questions regarding our office or procedures, please do not hesitate to ask anyone of our staff.

## CONSENT FOR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Advanced Cardiovascular Clinic's purpose in asking you to sign this form is to document that we have informed you that our office may use and disclose all your health information in our possession (collectively "protected Health Information").

The uses and disclosures by Advanced Cardiovascular Clinic of your Protected Health Information are necessary and will be used by our office in connection with your treatment, our obtaining payment for treatment and services that this office provides to you and so that this office can conduct its health care operations.

For a more complete description of how this office may use or disclose you're Protected Health Information, please review the Notice of Privacy Practices form that this office has prepared and is furnishing you today. Please also see our Notice of Privacy Practices for a more detailed discussion of the meanings of "treatment", "payments" and "health care operations".

Please be advised that the "Notice of Privacy Practices" form may be revised by this office from time to time. Any such revised "Notice of Privacy Practices" form will be made available to you by contacting the office.

You should also review carefully the "Notice of Privacy Practices" form because it contains a list of rights that are available to you with respect to this office's use and disclosure of your Protected Health Information.

You have the right to revoke this consent at any time. If you wish to revoke this consent you must do so in writing.

*By signing the HIPAA form you acknowledge that you have read and understand this consent and this office's "Notice of Privacy Practices" form. You further acknowledge that a copy of this office's "Notice of Privacy Practices" form is available for you to take.*