RIGHT ACCORD HOME HEALTH CARE
3900 Clark Road Suite B5, Sarasota, FL 34233
941-366-0801 | www.rightaccordhealth.com

HIPAA – Notice of Privacy Practices

Due to the nature of our services, we may use related health information in order to provide proper services. RIGHT ACCORD Home Health Care is authorized to discuss medical information with family members, insurance representatives, social workers or other health care professionals. Whenever feasibly possible, we will do our best to protect our client's health information and keep identifying information private.

You have a right to request a restriction or limitation on the information we use or disclose about you for providing services, payment, and health care operations or to someone who is involved in your care. All requests must be in writing. Your signature below acknowledges acceptance:

_____ _____ _____

(Patient Name) *(Client Authorized Signature)* *(Date)*

Assignment of Benefits

In certain circumstance it may be possible for RIGHT ACCORD Home Health Care to seek reimbursement directly from the insurance company. To alleviate client responsibility of filing a claim for payment***,*** client authorizes RIGHT ACCORD Home Health Care to receive reimbursement directly from _____***(Insurance Company*)**. This is called an "Assignment of Benefits." This is not a permanent assignment of benefits and will only be in effect during the period for which our staff is requested to provide services to you**. In the event the insurance company denies any claims, you, the client are ultimately responsible for payment of all invoices.**

If you elect to have the caregiver scheduled for more hours than the amount authorized by the Insurance Company, or if you elect to continue receiving care after the claim has been closed it will be your responsibility to pay for these additional services. We are required by NJ State Law to have a nursing assessment on the initial start of services and every 60 days or if a major change of health occurs. Regardless if we are able to bill the insurance company directly, you are responsible for signing a service agreement and providing a $1,000.00 refundable deposit as outlined in our rate schedule prior to starting services. You, the client, are responsible for any RIGHT ACCORD Home Health Care service not reimbursed by the insurance company which could include: days not covered as part of an elimination period; exceeding the daily maximum benefit; holiday rates un-reimbursed; client requested hours above the amount authorized; client requested transportation services ($ .585 cents/mile from client location); and Nurse Services.

ASSIGNMENT OF BENEFITS: I _____ ***(Client Printed Name),*** authorize the assignment of benefits for payment of services provided by **RIGHT ACCORD Home Health Care.**

_____ _____ _____

(Patient Name) *(Client Authorized Signature)* *(Date)*