Sharon Hong, M.D. | Teresa Crout, M.D.
2550 Flowood Drive, Suite 300
Flowood, MS 39232
Phone: 601-420-0034 | Fax: 601-420-5482

Patient Name: _____

Date: _____/_____/_____

Thank you for choosing Mississippi Rheumatology and Osteoporosis Center. We appreciate the opportunity to participate in your healthcare and are committed to providing compassionate, high-quality care.

Appointments, Cancellations & No-Shows
Patients are seen by appointment only. If you need to cancel or reschedule your appointment, please contact our office at least **48 hours in advance** so we may offer the appointment time to another patient.

If you arrive late for your appointment, your visit time may need to be shortened to avoid delaying other scheduled patients. If we are unable to accommodate you, we will be happy to reschedule your appointment for a more convenient time.

If you are unable to keep your scheduled appointment and do not provide adequate notice, a **$100.00 No-Show Fee** may be charged for appointments not canceled or rescheduled at least 48 hours in advance.

We appreciate your understanding and cooperation in helping us provide timely care to all of our patients.

Forms & Medical Records
A fee may apply for completion of forms required by insurance companies, employers, government agencies, or other organizations.

Medical record requests are subject to applicable copying and administrative fees permitted by Mississippi law. These charges are not covered by insurance and are the responsibility of the patient.

Prescription Policy
Prescription refills are addressed during scheduled appointments whenever possible. Please bring a current list of all medications (or your medication bottles) to each visit to ensure you have enough refills until your next appointment.

Prescription refill requests made between appointments require provider review and approval and may require an office visit before authorization.

Please allow adequate time for prescription refill requests to be processed.

Controlled substances and narcotic pain medications are not prescribed by this practice.

Mississippi Rheumatology and Osteoporosis Center, PLLC

Patient Financial Policy

Thank you for choosing Mississippi Rheumatology and Osteoporosis Center for your healthcare needs. Our goal is to provide excellent medical care while maintaining clear communication regarding financial responsibilities.

Insurance & Financial Responsibility
Mississippi Rheumatology and Osteoporosis Center participates with many insurance plans. As a courtesy, we will submit claims to your insurance company; however, you are responsible for understanding your insurance benefits, coverage requirements, and financial obligations.

Patients are responsible for payment of all applicable:

- Copayments
- Deductibles
- Coinsurance
- Non-covered services
- Services denied by insurance due to eligibility, authorization requirements, or plan limitations

Some insurance companies require prior authorization or specific requirements before certain services, testing, or treatments can be performed. Insurance coverage is a contract between you and your insurance company. We encourage you to contact your insurance provider directly regarding questions about your benefits and coverage.

Please notify our office promptly of any changes to your:

- Address
- Phone number
- Insurance coverage
- Marital status
- Other personal information

Any balance remaining after insurance processing is the responsibility of the patient. Accounts with unpaid balances may be subject to collection activity after reasonable efforts to obtain payment have been made.

Medicare Advantage Plans
Mississippi Rheumatology and Osteoporosis Center does **not participate with Medicare Advantage plans at this time.**

Patients enrolled in Medicare Advantage coverage are encouraged to contact their insurance plan regarding participating providers or discuss available options with our office prior to scheduling appointments.

Acknowledgment
By signing below, I acknowledge that I have read, understand, and agree to the financial policies outlined above. I understand that I am responsible for any balance due for services provided by Mississippi Rheumatology and Osteoporosis Center, PLLC.

Patient Signature : _____ **Date :** ___/____/____

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Mississippi Rheumatology and Osteoporosis Center, PLLC

Patient Consent & Acknowledgments

Patient Name: _____
Date of Birth: ____/_____/_____

Consent for Treatment and Medical Care
I authorize Mississippi Rheumatology and Osteoporosis Center, PLLC and its healthcare providers to provide medical care necessary for my evaluation and treatment. This may include, but is not limited to, examination, diagnosis, treatment, medication management, medical procedures, and recommended testing.

I understand that I have the right to refuse any recommended treatment or procedure after discussing the risks and benefits with my healthcare provider.

I consent to medically appropriate services related to my care, which may include laboratory testing, imaging studies, injections, infusions, EKGs, and other diagnostic or therapeutic procedures as recommended by my healthcare provider.

I understand that my provider will discuss recommended treatments, medications, potential risks, benefits, and possible side effects as appropriate. I acknowledge that I have the opportunity to ask questions and receive information regarding my care.

In the event of a medical emergency, I authorize Mississippi Rheumatology and Osteoporosis Center, PLLC and its providers to provide appropriate emergency medical care and arrange for additional treatment, including hospitalization, if deemed necessary.

Authorization for Release of Medical Information
I authorize Mississippi Rheumatology and Osteoporosis Center, PLLC to obtain, use, disclose, and exchange my medical information with other healthcare providers, facilities, or institutions involved in my care as necessary for treatment purposes.

Assignment of Insurance Benefits
I authorize payment of medical benefits directly to Mississippi Rheumatology and Osteoporosis Center, PLLC for services rendered. I understand I am financially responsible for any charges not paid by my insurance carrier.

Consent for Electronic Prescribing
I authorize my healthcare provider to transmit prescriptions electronically to my designated pharmacy and to obtain my medication history when permitted by law.

Communication Authorization
To better serve our patients, Mississippi Rheumatology and Osteoporosis Center, PLLC may communicate with me by telephone, voicemail, text message, patient portal message, email (when appropriate), or automated messaging regarding appointments, prescription notifications, test results, billing matters, and other healthcare-related communications. Standard message and data rates may apply.

☐ I **consen**t to receive communication by phone, text message, and/or automated messaging.
☐ I **decline** text or automated messaging communications.

Acknowledgment of Notice of Privacy Practices
I acknowledge that I have received or been offered a copy of Mississippi Rheumatology and Osteoporosis Center, PLLC's **Notice of Privacy Practices**, which explains how my protected health information may be used and disclosed and describes my rights under the Health Insurance Portability and Accountability Act (HIPAA).

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Mississippi Rheumatology and Osteoporosis Center, PLLC

Patient Acknowledgment and Signature

Patient Name: _____

Date of Birth: _____ / _____ / _____

By signing below, I acknowledge and certify that:

☐ I have read and understand the information provided in the Patient Consent & Acknowledgments form.

☐ I consent to evaluation, diagnosis, and treatment by Mississippi Rheumatology and Osteoporosis Center, PLLC.

☐ I authorize the use and disclosure of my protected health information as permitted by law for treatment, payment, and healthcare operations.

☐ I authorize assignment of insurance benefits to Mississippi Rheumatology and Osteoporosis Center, PLLC for services provided.

☐ I acknowledge that I have received or have been offered a copy of the Notice of Privacy Practices.

☐ I understand that I may ask questions regarding any of the policies, consents, or authorizations contained in this patient packet.

Patient/Legal Representative Signature: _____

Printed Name: _____

Relationship to Patient (if applicable): _____

Date: _____ / _____ / _____

Mississippi Rheumatology and Osteoporosis Center, PLLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Mississippi Rheumatology and Osteoporosis Center, PLLC ("MROC"), we understand the importance of protecting your health information. We are committed to maintaining the privacy and security of your medical information and complying with applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

This Notice of Privacy Practices explains how we may use and disclose your protected health information (PHI), as well as your rights regarding your health information.

How We May Use and Disclose Your Health Information
We may use or disclose your health information for the following purposes:

Treatment
We may use and share your health information with physicians, nurses, staff members, specialists, laboratories, pharmacies, and other healthcare providers involved in your care to provide, coordinate, and manage your treatment.

Payment
We may use and disclose your health information to bill and receive payment from insurance companies, Medicare, Medicaid, or other payers for services provided to you.

Healthcare Operations
We may use and disclose your health information for practice operations, including quality improvement, staff training, compliance activities, scheduling, and administrative purposes.

Appointment Reminders and Communications
We may contact you by phone, voicemail, text message, patient portal message, or automated messaging system regarding appointments, treatment information, prescription requests, and other healthcare-related communications.

Individuals Involved in Your Care
With your permission, we may share relevant health information with family members, caregivers, or other individuals involved in your healthcare or payment for your care.

Required by Law
We may disclose your health information when required by federal, state, or local law, including certain public health activities, reporting requirements, legal proceedings, or government oversight activities.

Other Uses and Disclosures of Your Information
Certain uses and disclosures of your health information may require your written authorization, including:

- Most uses and disclosures of psychotherapy notes (if applicable)
- Uses and disclosures for marketing purposes
- Disclosures that involve the sale of your health information

You may revoke a written authorization at any time by submitting a written request. Revocation will not affect information that has already been disclosed based on your authorization.

Your Rights Regarding Your Health Information
You have the following rights regarding your protected health information:

Right to Access Your Medical Records
You have the right to request and receive copies of your medical records, subject to applicable laws and fees.

Right to Request Corrections
You may request corrections or amendments to your health information if you believe information is inaccurate or incomplete.

Right to Request Restrictions
You may request limits on how we use or disclose your health information. We are not required to agree to every request.

Right to Request Confidential Communications
You may request that we contact you in a specific way or at a specific location.

Right to Receive an Accounting of Disclosures
You may request a list of certain disclosures of your health information made by us.

Right to Receive a Paper Copy of This Notice
You may request a paper copy of this Notice of Privacy Practices at any time.

Our Responsibilities
Mississippi Rheumatology and Osteoporosis Center, PLLC is required to:

- Maintain the privacy of your health information
- Provide you with this Notice describing our privacy practices
- Follow the terms of the current Notice
- Notify you following a breach of unsecured protected health information when required by law
- Not use or disclose your health information except as described in this Notice or as permitted by law

Changes to This Notice
We reserve the right to change our privacy practices and update this Notice at any time. Any revised Notice will apply to all health information we maintain. Updated versions will be available upon request and may be posted in our office or on our website.

Questions or Complaints
If you have questions about this Notice or believe your privacy rights have been violated, you may contact the Practice Privacy Officer at the address or phone number listed below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not affect your care or result in retaliation.

Effective Date: July 2026
This Notice of Privacy Practices is provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
Mississippi Rheumatology and Osteoporosis Center, PLLC reserves the right to revise this Notice as permitted by law.
Current versions are available upon request and at the practice.

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