

Mary Ackerley MD, MDH My Passion 4 Health Clinic

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Office Policies and Procedures for Patients: Welcome to My Passion 4 Health. We are delighted you have chosen to work with us. To help facilitate our time together please review the following office policies.

Your initial visit: After scheduling an appointment with us you will be asked to download our initial intake form and waivers. Please read and fill out these forms and bring them with you to our first appointment. These forms allow you to review important events in your medical history including medications, surgeries, and other previous treatments so that most of our actual interview time can be spent on you personally. Please also bring any copies of lab work and previous medical evaluations that you may have.

Late arrivals: Your appointment times are valuable to everyone. We make every effort to avoid delays so that you are not inconvenienced. Late arrivals result in shortened visits.

Missed appointments without prior cancellation are billed at the full fee, except for unexpected emergencies. These fees are not reimbursable by any insurance. To avoid charge, appointments for initial evaluations require a full 24 business hours notice of cancellation; follow-up appointment cancellations require a minimum of 24 business hours notice. Missed appointment fees need to be paid before your next visit is scheduled.

Payment and Insurance coverage: Payment is due at time of service, in cash, check, credit or debit card. There is a returned check fee of \$35.00. We are glad to provide a Superbill with appropriate diagnostic and procedure codes so that you can file for out of network insurance reimbursement. Amounts recovered vary with insurance plans. We do not accept Medicare. For maximal privacy, patients may choose not to file at all.

Hours of service: Routine office hours are from 9 am to 5 pm, Monday through Friday.

After hours and emergencies: Phone calls are usually returned within 24 business hrs. Leave a reliable telephone number where you may be reached. Any emergencies, urgent, severe or life-threatening conditions require immediate treatment; for these, please seek care from your primary care doctor, local urgent care, or hospital emergency department.

Administrative Fees: These include medication pre-authorization phone calls, requests for information from insurance companies, letters regarding medical status, record requests, copies of laboratory reports, letters provided for third parties, assistance with placement or other services, emergency medication requests and any similar type of request. Charges for this type of administrative processing will be incurred at the rate of \$25 dollars per 15 minutes. We will inform you of the charges before the services are rendered.

Phone /Email consultation: Brief telephone calls (less than 5 minutes) and emails (less than 5 minutes to read and respond) to clarify issues from medications/supplements or the appointment incur no charge. However, calls or emails may be billed at the administration fee rate when your call or email is lengthy and time consuming or the number of emails and telephone calls are judged to be excessive. **Please be advised:** that we do not practice medicine through email or phone, and that you may be asked to make a new appointment if the problem is judged too complex to handle over the phone/email. Please also remember that email is not a secure or necessarily private form of communication. We strive to return all correspondence within 24 business hours. If you have not heard from us within 24 business hours please assume that your email or telephone call was not received, and resend or call again.

Prescription Refills if handled by fax are without charge. Have your pharmacy fax the refill request to (520)838-8682 and allow at least 48 hours for this to be handled. Because calling pharmacies can be quite time consuming, *situations in which the pharmacy needs to be called* because the medication is about to run out will be billed at the administrative rate.

New prescriptions: that are provided in between appointments are billed at \$30.

Confidentiality: We maintain the privacy of our communications, as is required by law. In most cases, we can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. Signing this form provides for these activities, as follows:

We may occasionally find it helpful to consult other health professionals about a case. During such consultations, we make every effort to avoid revealing the patient's identity. The other professionals are also legally bound to maintain confidentiality. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together. We will note any such consultations in your clinical record.

If another physician provides coverage when I am out of town, I may need to share information about your treatment. Again, such physicians are bound by the same confidentiality standards that I maintain with you.

We do not file insurance claims, but are occasionally contacted by patients' insurance companies regarding payment for claims. If you have given the insurance company permission your records will be released to them.

If a patient threatens to harm himself/herself, we are obligated to seek hospitalization for him/her, or to contact family members who can help provide protection. There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm; in these, I may have to reveal some information about a patient's treatment.

If I have reason to believe that any adult patient who is either vulnerable and/or incapacitated has been the victim of abuse, neglect, or financial exploitation, the law requires me to file a report with the appropriate state official, usually a protective services worker. Once such a report is filed, I may be required to provide additional information. If I have reason to believe that a child under 18 is or has been the victim of injury, sexual abuse, neglect, or deprivation of necessary medical treatment, the law requires that I file a report with the Office of Child Protective Services.

If a patient communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim we must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

Further explanation of the confidentiality of your records is provided in our HIPAA policy, available online.

Professional Records: The laws and standards of my profession require that I keep Protected Health Information ("PHI") about you in your clinical record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your clinical record by requesting it in writing. The administration fee is charged for copying of records. I recommend that you review your records in my presence so I can answer any questions you might have.

Please read this agreement thoroughly and sign below to acknowledge acceptance of terms of service.

Name of Patient: _____

Signature: _____ Date: _____