

Health & Wellness Centers of North Florida, welcomes you to our practice and we are grateful you chose us to be part of your healthcare team.

- If it's been a year since your last check-up, call for a complete preventive care exam. Children should be scheduled for periodic well-child exams to monitor their growth and development and keep up with their immunizations. Remember, most insurance company's only cover one (1) physical per year.
- If you need to schedule allergy shots, blood draws, or blood pressure checks, please contact the office for the best available times.
- Disease management is one of our most important ways of keeping you healthy. For our patients with diabetes, asthma, high blood pressure, and heart disease, regularly scheduled visits are very important.
- When you're sick, a call to the office early in the day will help us schedule you for a same-day visit if scheduling allows.
- If you have made an appointment for yourself, please don't ask us to see other family members during your appointment time. We would be happy to schedule an appointment for them at another time.
- If your address, phone number, or insurance has changed, please let us know while scheduling your appointment so that we can have the most up-to-date record for you.
- When you first arrive, please register with the receptionist.
- If this is your first appointment, plan to arrive at least 30 minutes early to complete your registration and insurance information if not already done.
- Please bring your insurance cards, a valid photo ID, and your copay to your appointment.
- Self-pay patients (those with no insurance); please be prepared to pay for your visit at the time of service.
- Please be courteous. We ask that you do not bring food or drinks into the waiting room. Once you are in the exam room, please turn off your cell phone.

When You Are Late For an Appointment

Your time is valuable - and so is the doctor's

- Please be prompt.
- If you arrive 15 minutes or more after your scheduled appointment time, your appointment may need to be rescheduled.

Cancelling Your Appointment

Please give us 24 hours advanced notice.

- Please call us as soon as you know you won't be able to make your appointment. Calling the day before will help us make that appointment available to someone who may need urgent or sick care.
- If you are already an established patient, your first no show will result in a call from our automated system notifying you of the no show and reminding you to cancel appointments.
- Your second no show will result in another call to notify you of the no show and a reminder to cancel your appointments in the future.
- If you no show three times within a 3 month period, without calling to cancel, you will receive a letter notifying you of your termination from the practice.

When You Need Us After Hours

If you have an urgent medical situation when the office is closed, our providers can be reached 24/7!

- When you call our office after hours, you will be directed to an afterhour's message. Please listen carefully. You will be instructed how to reach the on call provider. We ask that you only use this for situations that cannot await normal business hours.
- If you are experiencing a medical emergency or you believe you are experiencing a life threatening situation, call 911 immediately, or go to the emergency department of your nearest hospital.
- If your urgent medical need is not life threatening, and it is during normal business hours, please call the office. We will help you determine the best plan of care.

Your Results for Diagnostic Testing

We know that you want to know the results of your lab tests and other diagnostic testing as soon as you can.

- When test results are returned to the office, they are first reviewed by your doctor or provider. We generally schedule follow up appointments ahead of time for you to receive these results. If you do not have an appointment, please call receptionist and let him/her know you need to schedule test follow up appt. Please do not call to request test results before two weeks have passed. We do not give test information over the telephone due to HIPAA.

Refilling Your Prescription

- When you need a general prescription filled, contact your pharmacy. The pharmacy will notify your provider through a secure electronic prescription refill system.

- We **do not refill** controlled medications without a visit to the office. Please do not call the office or prescription line requesting a refill on these medications.

Referrals for Specialty Care

Our Referral Specialists will assist you in scheduling an appointment. Referrals can sometimes take up to 2 weeks depending on requirements of your insurance company some of which require pre-authorization. Please know that our office is doing everything possible to get this scheduled for you, however multiple phone calls regarding your referral does not speed up this process. If you have not heard about your referral in 1WEEK, then please call the office to check on status.

When You Need a Form Filled Out

We are happy to help you when we have advance notice.

- We are happy to accept medically related forms that require your doctor's signature. Fill out all of the information about the patient, such as name, address, date of birth, social security number, and employer. Make sure to sign your name if the form requires it.

- Then give the form to the receptionists at the front desk. They will forward your form to the appropriate person, who will then route it to your provider.

- We CANNOT complete forms for pick up on same day. We will return the form to you within 7 to 10 business days. There is a \$50.00 charge for FMLA form and disability forms to be completed. The charge will be collected in advance when you deliver the form. Some forms requiring MD signature is a charge of \$25.00. Please ask receptionist when dropping form off. We require payment prior to form being completed.

Sending Your Records to Another Doctor

- When patients are referred to a specialist or other facility for follow-up care, a complimentary copy of the medical record is forwarded to the doctor.
- Sometimes, our patients will need a copy of their medical record in order to transfer to another doctor. A records release form must be filled out in order for our records department to transfer your records to another doctor.
- Our patients may request a copy of their medical record for themselves, an insurance application or legal representation. The patient, insurer, or legal counsel will be billed at \$1 for first 25 pages, .25 each additional page.

Paying Your Bill

Convenient, fast and easy! In the office, by phone or by mail.

- Payment for your visit is due at the time of service. You may have a co-pay, co-insurance, or deductible that will be due at the time of your visit.

•Our knowledgeable and experienced billing department is ready to help you with payment and insurance related questions. They are available Monday through Friday, 8:00am until 4:30pm.

Thank you for assisting us in bettering your care by following the above requests.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state laws to maintain the privacy of your Protected Health Information (hereafter referred to as “PHI”). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003; and, will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our Notice (or any subsequent revised notice) at any time. For more information about our privacy practice, or for additional copies of this Notice, please contact us using the information listed at the bottom of page 7 at the end of this policy.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI):

We will use and disclose your PHI about you for treatment, payment and health care operations.

The following are examples of the types of uses and disclosures of your PHI that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- **TREATMENT:**

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of our health care with a third party. For example: we would disclose your PHI as necessary to a home health agency that provides care to you. We will also disclose your PHI to other physicians who may be treating you, or to a physician whom you may have been referred to, to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time to time to another physician or health care provider (specialist or laboratory) who at the request of your physician becomes involved in your care by providing assistant with your health care diagnosis or treatment to your physician.

- **PAYMENT:**

Your PHI will be used as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommended or you, such as: determining the eligibility of coverage for insurance benefits, reviewing services provided to you for protected health necessity and undertaking utilization review activities. For example: obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

- **HEALTH CARE OPERATIONS:**

We may use or disclose, as needed, your PHI in order to conduct certain business and operational activities. These activities include, but are not limited to: quality assessment activities, employee review activities, training of students, expensing and conducting or arranging for other business activities. For example: we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the doctor is ready to see you. We may use or disclose your PHI as necessary to contact you by phone or mail to remind you of your appointment. We will share your PHI with third-party "business

associates” that perform various activities (billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI as necessary to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example: your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact us to request that these materials not be sent to you.

- **USES AND DISCLOSURES BASED ON YOUR WRITTEN AUTHORIZATION:**

Other uses and disclosures of your PHI will be made only with your authorization, unless otherwise permitted or required by law as described below. You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

- **OTHERS INVOLVED IN YOUR HEALTH CARE:**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly related to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for our care of your location, general condition or death.

- **MARKETING:**

We may use your PHI to contact you with information about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter, in person, or is for product or service of nominal value, you may opt out of receiving further such information by notifying us using the contact information listed on page 7 of this document.

- **RESEARCH, DEATH, ORGAN DONATION:**

We may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, protected health examiner, funeral director, or organ procurement organization for certain purposes.

- **PUBLIC HEALTH and SAFETY:**

We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health and safety, or the health and safety of others. We may disclose your PHI to a government agency authorized to oversee the health care system or government programs, or its contractors, and to public health authorities for public health purposes.

- **HEALTH OVERSIGHT:**

We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- **ABUSE AND NEGLIGENCE:**

We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim or abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

- **FOOD AND DRUG ADMINISTRATION (FDA):**

We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance as required.

- **CRIMINAL ACTIVITY:**

Consistent with applicable state and federal laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person, or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **LAW ENFORCEMENT:**

- We may disclose limited information to law enforcement officials concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. We may disclose PHI on an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who had admitted to participation in a crime or had escaped from lawful custody.

PATIENT RIGHTS

- **ACCESS:**

- You have the right to look at or get copies of your PHI with limited exceptions. You must have a request in writing to the contact person listed herein to obtain access to your PHI. You may also request access by sending us a letter to the address on page 7 of this notice. If you request copies, we will charge you \$1.00 for each page copied, and \$20.00 for staff time to locate and copy your PHI and postage, if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed on page 7 at the end of this notice for a full explanation of our fee structure.

- **ACCOUNTING OF DISCLOSURES:**

- You have the right to receive a list of instances in which we or our business associates disclose your PHI for purposes other than treatment, payment, health care operations, and certain other activities. The accounting will be provided for the past six (6) years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we discussed your PHI, a description of the PHI we disclosed, the reason for the disclosure and certain other information. If you request this list more than once in a twelve (12) month period, we may charge you a reasonable cost-based fee for responding to these additional requests. Contact us using the information listed on page 7 at the end of this notice for a full explanation of our fee structure.

RESTRICTION REQUESTS:

- You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. You must make your request in writing. We will accommodate your request, if it is reasonable, specifies the alternative means and location, and continues to permit us to bill and collect payment from you.

AMENDMENT:

- You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities your name, or the amendment and to include the changes in any future disclosures of that information.

ELECTRONIC NOTICE:

- If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed on page 7 at the end of this notice for a full explanation of our fee structure.

QUESTIONS AND COMPLAINTS

If you want more information about your privacy practices or have questions or concerns, please contact us using the information listed on page 7 at the end of this notice. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made, you may voice your complaint to us by using the contact information listed on page at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon your request. We support your right to protect your privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us of the U.S. Department of Health and Human Services.

CONTACT INFORMATION

IMPACT BEHAVIORAL HEALTH (IBH)

Name of Contact: Jan White
Address: 1965 Capital Circle, N.E.,
Tallahassee, FL 32308
Telephone: 850/656-2006
Fax: 850/656-2863
Website: www.hwfla.com

HEALTH & WELLNESS

Name of Contact: Regina Peacock
Address: 1965 Capital Circle, N.E.,
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Fax: 850/656-2820
Website: www.hwfla.com