

Office of Family Nurse Practitioner Laura Hudson FNP-C

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GENERAL INFORMATION

**Please initial each paragraph and sign below*

_____ PRIVACY & BILLING HIPAA is a Federal Act which protects your Private Health Information. We ask you to sign a HIPAA release form because it is required by law. We must inform you of our strict adherence to these guidelines. We are happy to forward records, as long as you sign a Release of Records with specific delineation of what can and cannot be released, with the exception of referrals being sent as your PCP for continuity of care. We are prohibited from discussing your care, testing or billing matters with anyone, including parents and spouses, without your expressed written consent. Per HIPAA, a health care provider or a business associate of a health care provider or a patient or patient's legal representative may transmit the patient's protected health information through the health information organization. This will occur within this practice for the purpose of billing insurance with the expectation that remittance will be rendered to the practice.

_____ MINORS by law, are considered adults when they become 18 years old, or have legally emancipated from their parents in prior to the age of 18. Minors between 14 and 18 years old are able to seek care for reproductive, pregnancy or sexually related concerns and testing, either alone or with a parent in attendance are considered adults and their medical information will not be shared with their parents without written permission. Minors 12 and older are able to seek care for themselves without parental permission for drug or alcohol treatment. Minors are also protected under the same HIPAA standards, meaning that the office staff is not allowed to discuss any aspect of their care, including diagnosis, treatment, lab results, or billing information without permission of the patient (for the above concerns) or their parent for general medical care.

_____ EMAIL, FAX and PORTAL. Email is not considered secure, but can be used at your discretion to contact us regarding personal matters. We will assume that if you contact us via email regarding medical or billing matters, there is implied consent that we reply to you via unsecure email. Our fax line is secure and can be used for transmission of medical related material. Use of the secure portal is preferred and we are required by law to use our portal when sending you any records, results, or communications over the internet. Questions sent via the portal will integrate and store in your medical record so we are able to consult them in the future as needed.

_____ COMMUNICATION Email and E-Newsletter are our way of keeping everyone updated for important insurance news, changes in business hours, progress in the practice, additional providers in the Journey to Wellness building, etc. We will try to limit our communication so not to overwhelm your inbox but ask that you read emails when possible. TEXT messages may be sent from time to time for urgent or out of office notifications so they are not overlooked in emails. TEXT may also be used for reminder notifications if you choose. You will receive statements via mail and from time to time other correspondence we urge you to open.

_____ APPOINTMENTS are made for 30, 45 or 60 minutes depending on the type of visit and a specific patient's needs. We all do our utmost to ensure that we run on time, because we value your time. The time that we give you for your appointment is your expected appointment time and we ask you arrive 15 minutes prior to that to complete the check in process. This check-in time is used to update medical and contact information, obtain vital signs and reconcile your medications, etc. When a patient misses an appointment with less than a full business day notice, he or she will be personally billed (not their insurance) for a no-show or short notice fee, unless there are emergent or extenuating circumstances. Please be courteous and value the time that the providers have to care for all patients and understand that some appointments might unexpectedly run late depending on the severity of a case. We will be respectful of your time, and inform you if we are running more than 15 minutes behind schedule and offer you choices of getting coffee/tea, shopping at the shops in the building, waiting or rescheduling.

_____ DISMISSAL from the practice is the providers legal right if they for any reason become uncomfortable continuing to treat you. That being said, patients also have rights and should not be abandoned. Although dismissal does not occur often appropriate reasons for dismissal would be recurrent no-shows, large unpaid balance, poor treatment of staff, inability to agree upon a mutually acceptable treatment plan, drug seeking or threatening behaviors, exhausting office resources or unacceptable / unnecessary communication attempts. If the event were to arise that one would be released from the practice a certified letter will be sent to the last address on file and the patient will be permitted to care for an additional 30 days until they are able to find a new provider.

_____ TEST RESULTS will be sent to you directly via the secure portal unless you are legitimately unable to operate the portal, or we deem it necessary to contact you via phone or mail. Each test that we order will be reported to you within a week or so. If you do not hear from us *after a week*, we ask that you call the office to check in regarding results as we may not have received them from the testing facility (except the facility that performs your Mammogram will send you their report directly and we will become involved only if there is an issue). Calling to check if your results are in prior to a week after testing can actually slow down the review process, so we please ask you to be patient unless there are extenuating circumstances requiring fast knowledge of your results (ie pending meds or surgery). If you would like more information regarding your testing than what is supplied via the portal an appointment can be made to review them and your questions at length.

_____ PHONE COMMUNICATION We pride ourselves on educating our patients so they can be involved in their care. If you choose not to make an appointment to come in for a discussion, phone appointments are available with the nurse or provider. In some cases these may be billed to your insurance but coverage may be limited and you will likely be responsible for the bill. If you do not have tele-visit coverage, please be advised that we have low cost self-pay phone rates where a 5-10 min phone appointment charges are \$25, 11-20 min \$50 and 21-30min are \$75. Longer phone calls and those scheduled with the provider must be booked and paid in advance to insure your spot will be held at this low rate. If you call for medical advice from our nurses and require an extensive discussion please be advised that you may be billed accordingly as outlined above.

_____ MEDICATIONS will be provided by the prescriber at their comfort level. I understand that for some medications it is the law that my provider check my PDMP record, and if they are ever concerned about providing me with a prescription they have the right to refuse to write a prescription and offer me alternatives. The medical software used in this office will link with your pharmacy and will update your medication list when you check in for an appointment. This is done to keep your record accurate and more importantly to keep you safe as it allows us to better evaluate for drug interactions when prescribing. Please bring your most up to date medication list with you to verify with the nurse at check in.

Thank you for reading and understanding our general terms and policies

Patient Name _____ **DOB** _____

Signature Patient / Guardian _____ **Date** _____

Print name of signer if not patient _____ **Relationship** _____