

Patient Acknowledgement of Practice Policies, Procedures & Privacy Practices

Thank you for choosing WomenCare for your healthcare. We are committed to your care being successful and your experience in our office being pleasant. Information on our key office policies follow.

- **Every time you visit our office:**
 - There will be paperwork to review and/or complete.
 - You may be asked to show us your insurance card so please bring it with you.
 - You will be asked to pay your copay or coinsurance for the visit.
- **We value your time and strive to have you in and out of our office within an hour of your scheduled appointment time.**
 - If you are late for your appointment you should expect a delay in being seen and that we may need to reschedule you to an appointment later in the day &/or with another provider other than who you initially were scheduled to see. In some instances, you may be asked to reschedule your appointment to another day.
 - If you are more than 15 min's early for your appointment please plan to wait until your scheduled appointment time to be seen.
- **Annual Well Women/Preventative vs. Sick/Problem Visits:**
 - Problems that you are having may not be able to be addressed at your annual well woman visit.
 - Usually, we prefer to address your problems before we do your annual well woman examination.
 - Insurance benefits are often different for well/preventive vs. sick/problem visits and we must comply with your insurance company contracts.
 - We try to avoid addressing multiple concerns in a single visit because the time your provider is allotted for your visit may not allow them to do so thoroughly. If you have multiple concerns, please understand that your provider may need to ask you to come back to complete your annual exam and/or address your problem(s).
- **Standards of Care**, developed by the American College of OB/GYN and/or required by insurance companies, are adhered to by our providers. This means routine recommended tests will be performed in accordance with their guidelines. Most often these tests are paid for by your insurance but we have found occasionally some of the sexually transmitted disease (STD) tests are not; it depends on your insurance coverage.
- **Test Results** are discussed during office visits. Please understand our providers and staff see patients during office hours and are not available to discuss test results with you over the phone.
- **Medication and Rx refills** are filled during office visits. We do not prescribe or refill Rx's over the phone.
- **Medical Records:** All medical record requests must be submitted in writing. Please allow 7-10 business days for records processing. Charges will apply to records copied for patients but not when sent directly to other physicians.
- **Fee for Lost Prescriptions and Other Forms:** A prepayment of \$15.00 per lost prescription or form is required due to the additional time that must be spent reviewing your chart &/or completing the additional paperwork by our providers and staff. Please allow 1-3 days to replace lost prescriptions & 7-10 business days to complete other forms.
- **Fees for Appointment Cancellation and No-Shows:** We require 24-48 hours advance notice to reschedule or cancel your appointment depending on the type of appointment. The fees are \$35 or \$50.
 - **Regular office visits:** Must be cancelled or rescheduled **24 hours** in advance to avoid a \$35 fee.
 - **Procedures:** Must be cancelled or rescheduled **48 hours** in advance to avoid a \$50 fee.
- **Privacy Practices:**
 - Our Notice of Privacy Practices provides information about how we use and disclose protected health information. You are entitled to a copy of our Notice of Privacy Practices.
 - If you want our office to discuss your care with your family or a friend you need to authorize us to do so in writing.
 - In accordance with the law, your protected health information may be disclosed by us to allow us to effectively treat you, to get paid by your insurance company for your care, and to effectively operate our office.
 - To effectively operate our office we leave appointment and other health care reminders via phone messages, email, & US mail.
- **Communication Preferences:**
 - Please indicate the best way(s) for us to communicate with you. Please check ALL that apply.
Preferred phone: Home phone ___ Cell phone ___ Best time to call: Morning ___ Afternoon ___ Evening ___
Email Messages ___ Text Messages: ___
 - If you have an email address, we can set you up to use our secure web portal. The web portal will give you access to your test results, other health information as well as the ability to communicate with our office using secure messaging.
Set me up to use web portal: Yes ___ No ___

I have read and understand the above policies and procedures.

Print Name

Signature

Date