

Southern Family Medicine



Growing Good Health

Policies and Procedures

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Mission Statement and Goals

The Practice seeks to obtain the best possible outcomes for patients by adopting the principles of a patient centered medical home and providing prompt access to team-based care for both the routine and urgent needs of patients and families with an emphasis on quality, patient-centered services.

Our goals are to:

- Provide comprehensive care that is coordinated and integrated across all types of providers, locations and life stages.
- Implement a system that is subject to a care planning process and uses a defined quality improvement process and evidence-based medicine.
- Administer service that is informed by the patient's participation in decisions while responding to each patient's unique needs and preferences.
- Maintain quality care that is heightened through procedures that assure enhanced access to care and optimal communication among patients, their physicians, and other caregivers.

Clinic Hours and Appointments

We are open Monday through Friday 8:00am – 12:00pm and 1:00pm – 6:00pm. Office visits are by appointment only. Appointments should be scheduled in advance. Same-day appointments are usually available for urgent or sudden illness. However, we have a limited number of same-day appointments available but will do our best to accommodate anyone with an urgent need.

Cancellations

If you cannot keep your scheduled appointment, we ask that you cancelled at least 24 hours prior to your appointment. You may be charged a fee if office visits are not cancelled prior. If you arrive late for your appointment, we will make every attempt to see you; however, your appointment may have to be rescheduled if you are more than 15 minutes late.

Telephone Calls for the Providers or Nurse

Our phones are answered by staff from 8:00am – 6:00pm. Every phone call is important to us, and we will attempt to answer your calls and return your phone messages as promptly as possible. Please leave a phone number where you know we will be able to reach you. If you call for an urgent matter, we will make every effort to respond immediately. Our trained staff accepts all calls from patients, enabling the Doctor to spend more time with the patients in the office. A nurse will return all calls received before 4:00pm by the end of the day. Calls received after 4:00pm will be returned by the end of the next business morning. Good medical care cannot always be accomplished over the phone, so we may advise you to schedule an office visit to discuss your concerns, problems, or test results.

After-Hours Emergency Calls

Our phones are forwarded after hours and during lunch to a service and answered by a qualified medical professional. Every effort will be made to assist you over the phone. If an appointment is necessary to address your issue, the on call medical professional will schedule you for the next business day. In a life-threatening situation, go to the nearest Emergency Room or call 911. If you need to see a physician after regular office hours for urgent or emergent problems, you can be seen at Mooresville Urgent Care, which is located at 107 Commons Dr., Ste. A, Mooresville, NC · (704) 235-0686.

Prescriptions

Your medical record is needed to determine whether a prescription refill should be issued, therefore refills cannot be approved after normal business hours by phone. During your visit, your Doctor will give you a prescription in amounts to last until your follow-up appointment. Follow-up appointments are scheduled so that your provider can monitor your condition and adjust medications accordingly. To ensure appointment availability, please make this appointment is scheduled at the time of your current visit or when you get your last refill. Prescription requests received after 4:00pm will be processed by the end of the next business day. If you do find yourself in need of more medication prior to your appointment, please call your pharmacy. The pharmacy will contact our office for any additional refills. Limited refills may be given to allow time for you to make your appointment.

Referrals

Some managed care plans require your primary care doctor to obtain authorization to be referred to another provider. If your managed care plan requires this, we will obtain authorization from your insurance company within 3 business days. If you need a referral for a specialist, the referral will be completed within 1 business day. Please do not make an appointment with the specialist until you have received a call from our office.

Outpatient Procedures

If an outpatient procedure is required, we will obtain authorization from your insurance company and you will be contacted by the facility to which you are being sent to within 5 business days to schedule your procedure. Your results will be discussed at your follow-up appointment.

Lab Results

Acute illness lab results:

- All lab results will be discussed at your follow-up appointment.

Chronic disease results:

- Labs are drawn 1 week prior to your appointment with the Provider. Results are reviewed at this appointment.

Physical lab results (including pap smears):

- Labs are drawn on the day of your physical. A physical follow-up appointment should be made for 2 to 4 weeks after the physical. Results are reviewed at this follow-up appointment. Some testing is done on site and results can be reviewed at time of appointment.

Surgical Biopsy result:

- You will either be called in 10-14 days, or the results will be reviewed during suture removal appointment.

Treatment of a Minor

A minor is a person under the age of 18 who has never been married and never been declared an adult by a court. Generally, minors do not have the legal capacity to consent to medical treatment.

- In order for us to treat a minor, we must have a written consent from a parent or legal guardian, including a statement as to the nature of the medical treatment to be given on a specific day.
- Minors age 15 and under MUST be accompanied by an adult (18yrs old and older).

With the written consent, we will perform the following:

- Examination
- Other testing
- Noninvasive procedures

We will not perform:

- Invasive procedures
- Immunizations
- Injections
- Lab draws

Medical Records

Southern Family Medicine is happy to provide you with one complete copy of your medical chart free of charge. If additional copies of the chart are requested, by the patient, there will be a charge per page and payment will need to be received before records are released.

Please allow 7 to 10 working days for your medical record release request to be processed. If you have a situation in which you need your copies released sooner, please contact our office at (704) 360-8684 and we will assist you.

Financial Policy

Southern Family Medicine is committed to providing high-quality, comprehensive family health care and personal service to our patients. For every commitment, there is an obligation. It is the patient's responsibility to meet their financial obligations.

As we see patients from many different insurance plans, it is impossible for us to know all the covered benefits, copays and deductibles for each individual plan. While it is our intention to assist you, it is still your responsibility to ensure that all services rendered or referred by Southern Family Medicine on your behalf are paid in full.

Contracted, PPO & HMO with Copays or Deductible

If we are contracted with your insurance carrier, we will bill your insurance for you. Copays are collected upon check in at the time of service, as required by your insurance company. If you do not pay your copay at the time of service, you may be subject to a \$10 processing fee for us to process a statement to collect your copay. There may be situations where you may be left with a balance when unknown copays, deductibles or non-covered services exist. This balance will not be subject to a processing fee and is due 30 days from the date on the billing statement you receive. However, if you fail to pay within that 30-day period, you will be subject to a \$10 processing fee unless other payment arrangements have been made. You will not receive a statement of a balance due from our office until after your insurance carrier has processed your claim, either paying their portion of the charges, applying them to your deductible, or transferring them to patient responsibility.

Patients Without Insurance Coverage and Non-Contracted or Other Insurance Carriers

Payment at the time of service is required. Our fee schedule is available upon request. We offer a 10% discount to patients paying for their services in full at the time of their visit. Short-term payment plans are available but must be requested prior to the services being performed.

New Patients

If you are a new patient and you have a copay, the copay is collected at the time of service. However, if you do not have a copay, you are required to pay \$30 at the time of service. Any remaining balance will be billed to your insurance. If you have a balance after your insurance carrier has processed your claim, you will receive a statement for the remaining balance. If you do not have insurance, payment at the time of service is required. The 10% discount, as noted above, will apply.

Workers Compensation Claims

If you are seeing one of our providers for an injury that occurred during the course of your employment, please be sure to notify the receptionist that your injury is “work-related”. You will be given the proper paperwork to be filed with your employer and their insurance carrier for payment of services. Please be advised that our office is obligated by law to report all work-related injuries to the Department of Labor and Industries. If your employer or their insurance carrier

denies your claim, you will be held financially responsible for all charges incurred for services rendered on your behalf.

Medicare Patients

We will bill Medicare for you. You will receive a statement after Medicare has processed your claim, either; paying their portion of the charges, applying them to your deductible, or transferring them to the patient responsibility. If you have supplemental insurance to Medicare, we will also bill your Medicare Supplement for you. You will receive a statement from our office after Medicare and your secondary insurance have processed your claim.

Medicaid Patients

We accept children under the age of 18 years old that participate in the NC Medicaid and NC Health Choice programs. Children/Guardians are required to present a current medical card to the receptionist upon arrival at each visit. If you do not have your current medical card upon arrival and we are unable to verify your eligibility, you may be asked to reschedule your appointment or pay for your services in full at the time of service.

Civil Suits, Auto, Home or Business Owners Claims

If you are involved in a civil suit, auto, home or business owner's accident and are seeking payment from the responsible party, we expect payment at the time of service. We do not bill the responsible party's insurance or attorney for your services in these situations due to the length of time it takes to settle these claims. We will provide you a copy of your statement so you can bill the responsible party.

Laboratory and Other Ancillary Services

Although Southern Family Medicine provides many of its services in the office, at times it is necessary to obtain services from an outside laboratory or other ancillary service. You will receive a separate statement of charges for services provided outside our office. An example of these services would include: laboratory charges for special tests ordered, specimen evaluation, radiological services, etc.

Services Provided to Minors

A "Minor" is defined as someone under the age of 18 who is not considered legally emancipated from his or her parent or guardian. We realize that there may be an arrangement regarding who is responsible when paying for medical services provided to a minor. However, it is our policy that the parent or guardian who requests medical care for the minor is the financially responsible party.

Missed or Failed Appointments

We understand that circumstances may arise causing you to cancel or reschedule your appointment. However, please be considerate to our patients that need to be seen sooner by notifying our office at least 24 hours prior to your scheduled appointment time. Patients who do not notify our office at least 24 hours in advance may be charged a \$25.00 fee, which is not covered by your insurance.

Nonsufficient Funds/Collection Accounts

All nonsufficient funds will be subject to a \$30 fee. If your account is turned over to collection, you will be sent a termination letter indicating that you seek medical care elsewhere.

Notice of Privacy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IT BECAME EFFECTIVE APRIL 14, 2003.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at Southern Family Medicine. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will apply to all the records of your care generated by Southern Family Medicine. This notice will tell you about the ways we may use and disclose certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to your health information.
3. Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE:

This notice describes Southern Family Medicine practices and that of:

1. All employees, staff, volunteers and other personnel.
2. In addition, we may share health information with each other for treatment, payment or healthcare operations purposes as described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within at least one of the categories.

For Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to personnel who are involved in taking care of you. We may also use your information to coordinate different services such as; prescriptions, appointments, mental health appointments, dental appointments, referrals, etc.

For Treatment of Drug and Alcohol Use & Mental Health Issues. We will not release any of this treatment information to anyone unless you authorize us to do so or a court of law gives us an order to do so.

HIV & AIDS Treatment. If you are tested or receive treatment for HIV or AIDS, we will not release any information about your test results or treatment, except in the following circumstances:

1. You give us permission to release this information.
2. We are required or permitted by law to disclose this information.
3. A court order or subpoena requires us to release this information.

Unemancipated Minors – Treatment for Pregnancy; Drug & Alcohol Abuse; Venereal Disease; Emotional Disturbance. If you are under the age of 16 and

are not married and have not been emancipated by a court of law, we will not reveal any information about any treatment you receive for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbances, except in the following circumstances:

1. Your treatment team determines that this information needs to be shared with your legally responsible person because there is a serious threat to your life or health.
2. If the legally responsible person contacts your treatment team and specifically asks about your treatment for one of the 4 conditions listed above.

For Payment. We may use and disclose your health information so that your treatment and services may be billed and payment may be collected from you, an insurance company or Medicaid.

For Health Care Operations. We may use and disclose your information for operational purposes. For example, we may use your information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information about clients to decide what additional services we should offer, what services are needed, and whether certain treatments are effective.

Treatment Alternatives, Benefits and Services. We may use and disclose information to tell you about or recommend alternative services that may interest you or to tell you about related benefits or services of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release your information to a family member, other relative, close personal friend, or any other person who is involved in your care or payment related to your care.

To Avert a Serious Threat to Health or Safety. We may use and disclose your information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

SPECIAL SITUATIONS:

Public Health Risks. We may disclose your information for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.

2. To report births and deaths.
3. To report child abuse and neglect.
4. To report reactions to medications or problems with products.
5. To notify a person who has been exposed to a disease or condition.
6. To notify the appropriate government authority if we believe an adult client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law or in the case of a dependent adult.

Oversight Activities. We may disclose your information to an oversight agency for activities authorized by law. This includes audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the program and its compliance to civil rights law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About a death we believe may be the result of criminal conduct
5. About criminal conduct at Southern Family Medicine.
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Blood Testing. While receiving care, accidental exposure to blood or other bodily fluids may occur. If this happens, your blood can be tested for HIV, Hepatitis B and C. These tests are necessary to protect staff and associated with Southern Family Medicine. The result of these tests will be made a part of your record and not disclosed without your prior consent.

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

North Carolina Law. In the event that North Carolina Law requires us to give more protection to your information than stated in this notice or required by Federal Law, we will give that additional protection to your information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

1. The right to inspect and copy your record or any part.
2. The right to request an amendment.
3. The right to request an accounting of disclosures.
4. The right to request restrictions.
5. The right to request confidential communications.
6. The right to a paper copy of this notice.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page. You can view the current notice at our website, www.southernfamilymedicine.org. We will post copy of the current Notice of Privacy at our office.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Southern Family Medicine or with the Secretary of the Department of Health and Human Services. If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact our office. You will not be penalized for filing a complaint.

Office Procedure

Southern Family Medicine strives to provide you with the most efficient, quality care possible. Understanding our office routine will help you and other patients gain the most from your time with us.

1. On arrival please check in at the reception window. You will be given an iPad® and be asked to carefully complete the following documents:
 - A. Patient Registration Form; this form is completed before your first visit and reviewed for accuracy at your first visit each new calendar year.
 - B. Symptom Review Form; this form will ask you to mark off any symptoms you have experienced in the past 6 weeks. This form is completed before your first visit and about yearly thereafter
 - C. Personal, Family and Social History Form; this form will provide us additional information that will allow us to have a full picture of all issues that may impact your health.
 - D. Pre-appointment Questionnaire; BE SURE to list or bring with you a list of all your current medications and supplements. This form is filled out prior to ALL appointments.
2. Return iPad to the receptionist. At this time, you will be asked to pay your co-pay or other fees that are due. Then you may have a seat in the waiting room.
3. When the medical staff is ready for you, she will call your first name.
4. Simply walk down the hall into the Patient Care Area, stopping at the weight and height station. The medical staff will record your current weight and height and escort you to an exam room.
5. The medical staff will review with you your Pre-Appointment Questionnaire, obtain your "vital signs" (which may include temperature, blood pressure, weight, etc., depending on your concerns for this visit), If undressing or gowning /draping are required (We try to avoid this. You can help by avoiding one-piece outfits.) the medical staff will give you further instructions.
6. You will be given individual instructions if labs are required.
7. If prescriptions are required these will be done via e-prescribe. You are free to fill your prescriptions anywhere you wish.

8. On completion of your visit please stop at the reception window. Please arrange at checkout for any follow-up appointments, referrals, or record requests.

9. Please, no eating or drinking in the office. Smoking (anything) or vaping is not permitted anywhere on the premises. Thank you!

Testing Procedures

Please follow package insert specific to test performing