



6400 W. Newberry Road, Suite #207, Gainesville, FL 32605
Phone: 352-371-2011 Fax: 352-384-3611

Explanation of Practice Policies

The **relationship** between a physician or midwife and a patient is one of the most important relationships we have. We at Gainesville OB/GYN **highly value** our relationship with you. We believe that **communication** is at the center of every good relationship. We've prepared the following explanation of our office practices to help provide the best care for you. If you would like a copy of the disclosure for your reference we are happy to furnish you with one. Our Practice Manager is available upon request to discuss any of these policies with you should you have any questions.

1. **Protected Health Information** We may disclose your health information only as allowed by law. You may request a copy of Gainesville Ob/Gyn's policy any time, or go to the "forms" tab at www.Gvilleobgyn.com and select "Notice of Privacy Practices."

2. **Payment for Services** is due in full at the time of your visit unless prior arrangements are made.

- Our Financial Specialist will explore your insurance coverage benefits and inform you of the estimated charges prior to the charges being incurred.
- Payment plans are available through CARE CREDIT (www.carecredit.com)
- Patients with policies that require large deductibles, co-insurance payments, or co-pays can contact our office and ask for the help of our Financial Specialist to investigate your contract so that everyone can be sure that you are receiving the benefits that you are due.
- Gainesville Ob/Gyn will make every effort to ensure that financial issues do not compromise your health care. Non-emergency services may not be provided to patients who carry a balance with our practice.
- Uninsured patients may contact our Financial Specialist to arrange services. We do work with the following entities: Choices, WeCare, Equal Access Clinic, Good Samaritan Clinic, Archer Family Health Care, the UF Mobile Clinic and Helping Hands.

3. **Appointment Policy:** In preparation for your appointment, we make an investment. We

- reserve the physician's or midwife's time for you
 - create a chart for you in our electronic health record prior to your arrival
 - verify your insurance to determine your estimated benefits and coverage
 - order and review any medical records or labs or studies that are relevant to your health concern
 - and ensure that we have adequate staff in the office to meet your needs when you arrive.
- We are happy to incur the expense of this work in anticipation of caring for you. We do, then, expect that if you will be unable to make your appointment, we will receive a phone call from you to cancel 24 hours prior to your appointment.
 - **Missed appointments** that are not preceded by a phone communication will be subject for review. After three (3) No Show appointments, you will be discharged from the practice.
 - **Late Appointments** - please call as soon as you are aware that you will present late for your scheduled appointment. We will do our best to accommodate you. Because we place great value on running on time (as much as possible in an Ob/Gyn office!) we will see patients who arrived on time first.
 - **Same Day Appointment Requests-** will be accommodated for all urgent issues. Our Receptionist will let you know what time to come, and how long you may need to wait to be seen.

4. **Labs and Studies:** For your health and safety, we believe we are partners with you in your health care. Therefore,

- **No News is Not Good News-** seven days after your tests are performed please check the patient portal for results. If the results are not available or if there are any lab results flagged as abnormal please call our office. The most well thought out systems may still lose results. If you have not heard from one of our nurses or providers regarding your results, it may mean that we never received them.
- If you are directed to an outside lab for testing, please go to the specified location. This ensures
 - that you will go to the place that your insurance requires and will not receive a bill that could have been avoided
 - your labs will be done correctly
- Failure to complete your provider's requests for labs or studies may result in discharge from the practice.

5. **Paperwork Requests:**

- may require a separate visit if the provider is required to complete the paperwork
- please inform the staff at the time you make your appointment that paperwork is needed
- please inform the nurse at the time of your visit that you have paperwork that needs to be filled out, and provide her with the exact paperwork needed
- school and work excuses will be dated for the date of your visit. We are unable to document dates prior to your visit.
- work restriction dates will not be changed after-the- fact; please call our office as soon as possible if restriction dates need to be extended
- our providers do not do or fill out disability paperwork; however, we will be happy to refer you to a specialist who will provide excellent service for you in this regard.

6. **Prescriptions:** Our priority is the safety and health of our patients. Our physicians and midwives prescribe the number of refills necessary to provide each patient with medication until their next appointment. The longest period of time allowable for one prescription with refills is one year from the date of the appointment. If the physician or midwife gives less than 11 refills, he or she wishes to complete an appointment for re-evaluation sooner than one year, before giving more refills. This can occur for many reasons: to see if an illness is responding to the medication, to examine for potential adverse effects, and to discuss effectiveness, or alternatives with a patient. Therefore, an appointment is required in order to give prescription refills.

We understand that sometimes life can be so full that a patient may be unable to schedule an appointment prior to running out of medication. In this case, we are happy to extend a 30 day grace period. A refill request can be submitted through the portal at the same time an appointment is made.

Our physicians and midwives will not give the following prescriptions or prescription refills over the phone or without an appointment:

- Antibiotics or antifungals - an exception may be made for UTI or yeast infection, at the discretion of the provider
- Any "controlled substance" - this includes narcotics, pain medications, anxiety medications and any other medication that requires a DEA number.
- Medications that have run over the one year limit and the grace period.

Requests for prescriptions or refills are made through our patient portal. This may be found on our website.

7. **Agreement to Mediate:** In accepting care at Gainesville OB/GYN, I agree that before I file any lawsuit against the facility, and any employees or agents, arising out of care provided to me by physicians, nurses, and other healthcare providers, I will first attempt to resolve my claim through confidential mediation. Mediation is a process through which a neutral third party person who has been certified to be a mediator tries to help settle claims. The facility will pay for the cost of the mediator. I further agree that any mediation must take place in the state of Florida and in the county where my treatment was rendered, unless all parties agree otherwise. This agreement is binding on me and any entity or individual making a claim on my behalf. This agreement does not waive my right to file a lawsuit if the mediation process fails to resolve my claim. I understand that lawsuits must be filed within a certain time period and this period is not extended as a result of my participation in mediation.



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Consent and Practice Information Summary Page for Signature

My signature below represents my understanding of and agreement with the Gainesville OB/GYN'S disclosure and practice policies as well as the consents, as summarized below:

1. I consent to my provider and their staff using and disclosing my Protected Health Information for the purpose of providing treatment, obtaining payment for their services from my insurance company or its representative entities, and for health care operations, as allowed by law per HIPAA. I understand that this practice has a Notice of Privacy Practices describing what my provider is allowed by law to do with my protected health information, and that I may request at any time to see this Policy. Also, should changes occur to the policy, I may obtain a revised copy of the notice.

I may be contacted in the following manner (check all that apply):

Home phone _____ Work phone _____

Cell phone _____ Email address _____

A voicemail message may be left that includes the practice name and number.

A message may be left with a person other than me who answers the phone that includes the practice name and number.

I may be contacted by mail at my address: _____

and the practice name may be displayed on the outside of the envelope.

PATIENT RELEASE

I, _____ (patient's name), hereby authorize Gainesville OB/GYN and its physicians to release any or all of my patient health information including confidential information to the person(s) listed below:

SIGNATURE _____ DATE ____/____/____

Name _____ Relationship to patient _____ Ph(____) _____

Name _____ Relationship to patient _____ Ph(____) _____

2. I consent to be treated by providers at Gainesville OB/GYN, to pay my portion of my medical bill at the time of service, to have my insurance company pay the remainder directly to the practice, and I agree to bring my insurance card and photo identification to every visit. All maternity and delivery fees are due prior to your delivery.

3. I agree to call the office with 24 hours advance notice to cancel or change an appointment. Three "no-show" appointments within a 24 month period will result in discharge from the practice.

4. I agree to obtain labs and tests ordered by my provider, to go to the correct place when directed to do so, and to call weekly after my labs and tests to ensure that the practice has obtained my results. I understand there may be a separate bill from the lab.

5. Work and school excuses will be issued only for the date that I am seen at the office. Other paperwork requires a separate visit (disability, FMLA, etc). Refills of my medications require an office visit.

6. In Accepting care at Gainesville OB/GYN, I agree that before I file any lawsuit against the facility, and any employees or agents, arising out of care provided to me by physicians, nurses, and other healthcare providers, I will first attempt to resolve my claim through confidential mediation, in Alachua County Florida. This agreement is binding on me and any entity or individual making a claim on my behalf.

I have read and understand Gainesville OB/GYN's Disclosure Consent Form. I further acknowledge that I may request a copy for my records. I agree and give my consent to both the disclosure form and to the summary statements above.

Printed Name

Signature

____/____/____
Date