



HEALTH

FAMILY CARE

Office Policy

OFFICE HOURS: Our Family Medicine clinics are open Monday-Friday from 8:00 a.m.–5:00 p.m.

AFTER HOURS CARE: There is always a physician on call for every provider, he/she will do their best to help you, but there are limitations to practicing medicine by phone and it is best for a provider to directly examine you. The on-call physician may direct you to another location, Express Care location, or to one of the Emergency Rooms.

*******PLEASE REMEMBER TO BRING PAST MEDICAL AND OR VACCINATION RECORDS, ALL MEDICATION(S), INSURANCE CARD AND PHOTO ID. TO YOUR APPOINTMENTS*******

All new patients are encouraged to be at least 30 minutes early to their appointment to fill out new patient paperwork.

All established patients are encouraged to be 10-15 minutes early to their appointment.

LATE PATIENTS: We will do our best to be accommodating as we know sometimes things happen.

- If you are 10 minutes late, we will do everything we can to keep your appointment, however we may ask you to reschedule if we are heavily booked for that day.
- If you are 15 minutes late to your appointment, the staff will inform you that you MISSED your appointment and one of the following will occur:
 - Reschedule your appointment to next available appointment with your PCP *which could be a cancellation or other open appointment on the same day.*
 - Reschedule you with another provider if an open time slot is available.

CANCELLATIONS: Please call at least 24 hours before your appointment if you are unable to keep. This allows us to provide that time slot to another patient.

TREATMENT OF MINORS: Patients under the age of 18 must be accompanied by a parent/guardian or have written permission for treatment from a parent/guardian if accompanied by other adult for every visit.

CELL PHONE USAGE: In order to provide the best care possible, we request no cell phone usage during patient visits. It is in the interest of your safety that you provide your full attention to your provider and be an active participant in your treatment plan.

MEDICATIONS: Please bring **all your current medications** with you **to every appointment**. We ask you to bring your medications in the original bottle(s) so we may verify each medication's name, dosage, etc. This information will allow your provider to better care for you. We may not refill a specific medication if the medication bottle was not brought into verify the medication, dosage, etc.

PRESCRIPTIONS AND REFILLS: The best time to get a prescription refill is at your appointment. If you need a refill please contact your pharmacy and **allow 72 hours for processing**. DO NOT wait until you have run out of medication. Some medications have potential side effects that must be monitored. We require check-ups every 3-4 months for these medications. Be sure to keep these follow-up appointments. Some prescriptions cannot be called in; these are controlled substances that require a



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triplicate prescription. The prescription must be written for you to pick up and **will be processed within 72 hours**. You are required to bring a photo ID each time you pick up these prescription(s).

CONTROLLED SUBSTANCES PRESCRIPTIONS: We DO NOT call in Controlled substances after hours. Controlled substances may be prescribed by our physicians, but only after an evaluation has been performed. The **medications will be processed within 72 hours**, if prescribed. If you require chronic use of controlled substances, our physicians may refer you to a pain management specialist. You may also be asked to agree to a controlled substances/pain medicine contract.

DISMISSAL FROM THE PRACTICE: Please note that we reserve the right to dismiss a patient from the practice for certain behaviors,

- Appointment Noncompliance: Failure to keep appointments.
- Treatment Noncompliance: Failure to follow physician instructions or treatment plan about an important health issue.
- Controlled Substance Abuse: Patient abuses controlled substances, including ADHD medications or controlled substances.
- Verbal Abuse: Patient or family member uses improper or abusive language with office personnel/provider(s), or exhibits violent or threatening behavior that jeopardizes the safety or well-being of office personnel, provider(s) or other patients.

Please sign and date that you have read and understand our office policy.

Thank you.

Print of Patient or Personal Representative

Relationship

Date

Signature of Patient or Personal Representative

Date

Witness Signature

Date