



Northside Family Medicine, P.C.

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Welcome to Northside Family Medicine!

We're glad you have taken the time to receive care for yourself and get to know us better! **Please take a few minutes to read over this information and let us know if you have any problems or concerns with our policies or your treatment at Northside Family Medicine.** We look forward to a lasting relationship where we do our best to offer you same or next-day appointments, prompt return of phone calls, and accessibility to us on the Internet. If you are frustrated with the care you are receiving, the delay in having information relayed to you, or have any other problems please let Tim Lewan, MD know. You can do this by writing a note to me through our website or telling me, Tim Lewan in person. In order to better serve you, we need to know what problems exist! Communication is the key to any good relationship- if you don't understand something that we are telling you or if you are frustrated about something we have done we need to know. An informed patient (and doctor) is the best type!

We understand that you have many expectations for the health care you receive and we need to know if they are not being met. Here are a few of the values Northside Family Medicine is based upon and what you can expect from us. If you feel that we have been deficient in providing this care let us know. The following are the rights and responsibilities of patients in our practice.

Patients have:

- a right to receive quality medical care regardless of race, color, sex, national origin, diagnosis, political affiliation, sexual orientation or preference, veteran status, religion, or gender.
- a right to receive compassionate care that respects your personal, spiritual, cultural, and religious values and beliefs.
- a right to participate in resolution of ethical dilemmas about patient care decisions.
- a right to be treated with respect and recognition of their dignity and right to privacy.
- a right to voice complaints or appeal about the organization or the care it provides.
- a right to make recommendations about the organization's Patient Rights and Responsibilities policies.
- a right to receive information about any proposed treatment or procedure in order to make an informed decision whether to consent to or refuse a course of treatment. Except in emergencies, this information shall include the purpose and description of the procedure, probable result, significant risks, and alternate courses of treatment.
- a right to actively participate in decisions regarding your medical care. This includes the right to refuse treatment after being informed of the consequences of refusal, the right to leave the care of the Northside Family Medicine against physicians advice except in extraordinary circumstances, or both.
- a right to learn about your illnesses, possible treatments and likely outcomes and allow open discussion with your physician in a manner which you can understand.
- a responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- a responsibility to follow plans and instructions for care that they have agreed on with their practitioners.
- a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Notice of Privacy Practices for Protected Health Information As Made Public by HIPAA Updated 9/30/10 Northside Family Medicine 12207 Pecos Suite 800 Westminster, CO 80234 (303) 428-8536

LET US KNOW IF YOU NEED A COPY OF THIS IN LARGER PRINT

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and healthcare operations. Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Confidentiality Practices and Uses

1. **Treatment:** During the course of your care, PHI may be disclosed to medical/mental health care providers as appropriate/necessary to ensure the quality and continuity of your care. Examples of Uses of Your Health Information for Treatment Purposes: A doctor obtains treatment information about you and records it in a health record. During the course of your treatment, the physician determines he/she will need to consult with a specialist in the area. The doctor will share the information with such specialists and obtain their input.
2. **Payment:** We may use and give your medical information to others to bill and collect payment for treatment and services provided to you. An example of the use of your health information for Payment purposes: We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.
3. **Regular Healthcare Operations:** In an effort to maintain efficient, quality and cost effective medical care, PHI is routinely reviewed by authorized

personnel to ensure that the highest quality standards of patient care are consistently being practiced. An example of the use of your information for Healthcare Operations: We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, and protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to perform these services.

4. **Example of Information Provided Directly to You or mailed to you:** Your medical provider may give you a copy of your lab results or you may receive a bill sent to your address on file for outstanding balances.

Your Health information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request that is granted.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information by making a request at our office.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request to our office, in writing. If you request a copy of your records, we may charge you a reasonable fee for the copies.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that communication of your health information be made by alternative means or that the records be sent to an alternative location by delivering the request in writing to our office.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made to your request; uses or disclosures made pursuant to an authorization signed by you, uses or disclosures made in a facility directory or to family members or friends relevant to notify family or others responsible for your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition or your death. We have sixty days to respond.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office except to the extent that information or action has already been taken.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office, in writing. We may deny your request if you ask us to amend information that a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment. b) Is not part of the health information kept by or for the office. c) Is not part of the information that you would be permitted to inspect and copy d) The record is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records

If you want to exercise any of the above rights, please contact Northside Family Medicine at the address and phone number above, in person or in writing, during regular business hours. We will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as our duties and privacy practices as to the information we collected and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- While Northside Family Medicine will take all reasonable precautions to protect your information, the practice is not and will not be liable for improper disclosure of confidential information unless it was caused by the practice's intentional misconduct.

We reserve the right to amend, change, or eliminate provisions in our Notice of Privacy Practices and access protocols. We also reserve the right to enact new provisions regarding the protected health information we maintain. If our information is changed the revised Notice will be effective on the new effective date of the notice. A current notice will be available in our office or on our website and will be posted in our facilities. Persons who have signed a previous Notice of Privacy Practices are responsible for future updates and changes to the Notice, unless otherwise required by law.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Tim Lewan, MD at Northside Family Medicine at the address and phone number above.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Northside Family Medicine. You may also file a complaint by mailing it or emailing it to the Secretary of Health and Human Services, whose street address and email address is: Office for Civil Rights, US Dept. of Health and Human Services, 200 Independence Ave, SW Room 509F, HHH Building, Washington, D.C. 20201 We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Directory -Unless you notify us that you object, we will use and disclose your name, general condition, and religious affiliation in an office/hospital directory. This information may be provided to members of clergy and except for religious affiliation, to other people who ask for you by name.

Communication with Family- Using our best judgment, we may disclose to a family member, relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care. Some examples of what we may discuss include 1) Asking them to leave a message for you 2) Leaving more specific information such as stressing for them to try to get a hold of you for an important issue or in rare cases discussing your healthcare issue with that person 3) Speaking to them about payment for care you received in our office 4) Talking to them or any family member in an emergency. If you do not want us discussing your issues with others as noted above you need to notify us in writing.

Automated Messages- We may leave general messages on your home or office answering machine either by our staff or through an automated system, if it appears that only the designated patient or patient's immediate family has access to that number. Some of these messages may ask for you to call back to obtain secure information about your health but it will not convey that information to whoever answers the phone as it will require a password to access the information. Examples of automated messages left on your voice mail or with another member of your household include information about an upcoming appointment at our office including date and time or a call to disclose your lab results asking for you to call our system back with your password. Notification must be made in writing to Northside Family Medicine if messages of any of the above types are not to be left.

Improve Care-PHP (a company that oversees a group of primary care doctors who are trying to provide better quality care) may use or disclose your protected health information (PHI) for data aggregation for Clinical Integration purposes. The purpose of data aggregation and the ensuing data analysis will be to develop and implement clinical protocols, case management techniques and other measures to promote clinical integration activities of physicians through Primary Physician Partners, and thereby to improve the efficiency of services, reduce costs, and improve the quality of medical care delivered to our patients.

Postcards for appointment reminders or thank you notes- We may also send you a postcard in the mail to remind you to schedule an appointment ASAP if you are overdue or even a thank you card. Others in your household or the mailman may be able to read it as well- it will not contain any specific or more personal information.

Notification- Unless you object , we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Research- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief- We may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations- Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA)- We may disclose to the FDA your protected health information related to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health- As authorized by law, we may disclose your protected health information for public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse and Neglect- We may disclose your protected health information to public authorities as allowed by law to report concerns about abuse or neglect.

Employers- We may release protected health information about you to your employer if we provide health care services to you at the request of your employer. We also may release information for health care services provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury. In such circumstances, we will give you a written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving a felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight- Federal law allows us to release your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Government Functions- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance programs personnel.

Coroners, Medical Examiners, and Funeral Directors- We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary for them to carry out their duties.

Other Uses- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights." If this practice is ever sold, your information will become the property of the new owner.

Website- If we maintain a website that does provide information about our entity, this Notice will be on the website and further website information and restrictions will be provided and our online website consent form must be agreed to before corresponding with our office via our website, except in certain circumstances.

Judicial/Administrative Proceedings- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Online Communications Informed Consent updated 9/30/10

Instructions for Using Online Communications with Northside Family Medicine

You agree to take steps to keep your online communications to and from Northside Family Medicine confidential including:

- Do not store messages on your employer-provided computer; otherwise personal information could be accessible or owned by your employer
- Use screen savers or close your messages instead of leaving your messages on the screen for passers-by to read. Keep your password safe and private.
- Do not allow other individuals or other third party access to the computer(s) upon which you store medical messages or other personal medical information.
- If you have or learn of any personal email addresses that I use, you will not use them for medical communications.
- We are using standard email- and it lacks security and privacy features and may expose medical communications to employers or other unintended third parties.
- Withdrawal of this Informed Consent must be done by written online communications or in writing to the office.

Use good communications etiquette:

- Confirm that your name and other personal information in the message are correct.
- Review the message before sending it to make sure that it is clear and that all relevant information is provided.
- Update your contact information on the network as soon as it changes including any changes to your regularly used email address.

Charges for Using Online Communications

Northside Family Medicine may charge you for certain online communications. You will be informed when/if these charges apply and you will be responsible for payment of these charges if you accept and use any fee-based service. You may choose to contact your local insurance carrier to determine if they cover online communications.

Conditions of Using Online Communications -The following agreements and procedures relate to online communications:

- Northside Family Medicine will print out a copy of all medically important online communications and include them in your medical record. This means that appropriate members of the staff will have access to these communications as part of our medical records keeping, treatment, and billing, and as defined in "Notice of Privacy Practices for Protected Health Information."
- You should print or store (on a secure computer or storage device that is owned and controlled by you) a copy of all online communications that are important to you.
- The practice will not forward online communications with you to any third parties except as authorized or required by law.
- You agree to follow the procedures that Northside Family Medicine implements and that you will allow the practice to verify your identity in connection with any online communications. You also acknowledge that failure to comply with these procedures may terminate our online communications.
- Online communications will be used for limited purposes. It cannot be used for emergencies or time sensitive matters. It should be used with care and caution. It should not be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatments (alcohol, drug dependence, etc.). If there is other information that you don't want transmitted via online communications, you must inform the practice in writing.
- Northside Family Medicine will make every attempt to respond within the time-frame designated. However, there may be times when this is not feasible, and you understand and agree to accept variations in response times and use other forms of communication with the practice if the response times are not satisfactory to you. Please note that online communications should never be used for emergency communications or urgent requests. These should occur via telephone or using existing emergency communications tools.
- While Northside Family Medicine will take all reasonable precautions to protect your information, the practice is not and will not be liable for improper disclosure of confidential information unless it was caused by the practice's intentional misconduct.
- Follow-up is your responsibility. You are responsible for scheduling any necessary appointment and for determining if an unanswered online communication wasn't received.
- You are responsible for taking steps to protect yourself from unauthorized use of online communications, such as keeping your password confidential. Northside Family Medicine is not responsible for breaches of confidentiality caused by you or an independent third party.
- The practice will not engage in any illegal online communications, including knowingly illegally practicing medicine across state lines.

Access to Online Communications

The following pertains to access to and use of online communications:

- Online communication does not decrease or diminish any other ways in which you can communicate with or see Dr. Lewan or any other providers at Northside Family Medicine. It is an additional option for communication, not a replacement. You are encouraged to contact the practice via telephone, mail, or in person, as always, if you have any questions or needs.
- Northside Family Medicine alone will decide which medical topics are appropriate for online communications and to whom with which they will be discussed.
- Northside Family Medicine may stop providing online communications with you or change its policies and services at anytime without prior notification to you.
- NEVER USE EMAIL FOR ANY URGENT MATTERS AS WE MAKE NO GUARANTEES AS TO THE SPEED OF A RESPONSE FROM NORTHSIDE FAMILY MEDICINE. We will try to respond within 2 business days to email.

Risks of Using Online Communications

-All medical communications carry some level of risk. While the likelihood of risks associated with the use of online communications is substantially reduced, the risks are nonetheless real and very important to understand. It is very important that you consider these risks each time you plan to communicate with the practice, and communicate in such a fashion to mitigate the potential for any of these risks. These risks include, but are not limited to:

- Using our website at www.northsidefammed.com as it does not contain a secure way to correspond to our office, but you can correspond via the website and also access helpful information.
- Northside Family Medicine does not regulate how patients or colleagues choose to SEND information to Northside Family Medicine and our methods of sending information to you may not be secure either.
- This means that information can be stolen in email or online communication to and from Northside Family Medicine.
- Online communication may travel much further than you planned. It is easier for online communications to be forwarded, intercepted, or even changed without your knowledge.
- Online communication is easier to falsify than handwritten or signed hard copies. A dishonest person could attempt to impersonate you to try to get to your medical records.
- It is harder to get rid of an online communication. Backup copies may exist on a computer or in cyberspace, even after both parties (you and the practice) have deleted their copies.
- Online communication is not private simply because it relates to your own medical information. Employers and online services have a right to inspect and keep online communications transmitted through their system.
- Online communications are also admissible as evidence in court.
- Online communications may disrupt or damage your computer if a computer virus is attached.

By signing the **Online Communications Informed Consent: Patient Acknowledgment and Agreement** (which is on the page where all the signatures are kept for your consent to be seen at Northside Family Medicine), you acknowledge that you are using non-secure email and if desired, the www.northsidefammed.com website, understanding all of the risks above. Your signature also indicates that you understand that Northside Family Medicine may use email now to send you reminders about follow up appointments, getting labs or tests done, and giving you advice to change medications, plans for your health or follow up. While we will not send emergency information to you via email, we may send important information telling you to follow up or change something and we are relying on you to check your email regularly to see the emails and correspond with us if you have any questions. You also agree to notify Northside Family Medicine within a week if your email address changes. Finally, if you no longer wish to receive email from Northside Family Medicine you will notify Northside Family Medicine of your wishes in writing and not just ignore emails.

Northside Family Medicine Patient Guidelines- LET US KNOW IF YOU NEED LARGER PRINT updated 9/30/10

Appointments- Arrive at least 30 minutes before your appointment if you are a new patient and 15 minutes ahead of time if you are a returning patient. If you are bringing a family member and it is their first visit, please arrive 30 minutes ahead of time. In order to do our best in providing you and other patients timely care, we need to be sure that our patients are in their exam room by the time of their appointment. If you are late getting into the room on account of showing up after the recommended time you were to arrive your visit may be shortened. At times, we may be delayed in seeing you at your scheduled appointment time and ask for your understanding in advance. We also have same day appointments available for anyone that calls on a normal business day by 3PM as long as we currently accept their insurance. This does not mean you will be guaranteed the time slot you want or mean that we will address more than the main issue in that visit but it is designed to keep you out of more costly urgent care visits and emergency visits and get your care the day you want it.

“No-Show policy”- We are locking in a time slot for you to receive care and sometimes have to turn others away on account of full appointment times. So in fairness to other patients, as well as to our office, we ask that you call us by 830AM on the day of your appointment (you can leave a message on our voicemail). If you fail to do so you will begin to accumulate “no shows” on our computer system. In the event you miss 3 or more appointments we can elect to dismiss you from the practice. It will also be counted as a “no show” if you arrive 15 minutes or more late to your appointment and we may also elect not to see you that day. Furthermore, as of 9/30/10, every “no show” after your first “no show” will incur a \$30 charge.

Contacting the office via the Internet- WE MUST STRESS THAT ANY NEW CONDITIONS WILL REQUIRE A FACE TO FACE VISIT AND NEW PATIENTS CANNOT RECEIVE CONSULTATION VIA EMAIL. DONT RELY ON EMAIL FOR ANY EMERGENCIES- USE THE PHONE INSTEAD. FURTHERMORE, YOU MAY BE CHARGED (DONT WORRY THERE ARE NO HIDDEN FEES) FOR MEDICAL CONSULTATION VIA EMAIL. YOU WILL NEVER BE CHARGED TO INQUIRE ABOUT APPOINTMENTS OR OTHER AREAS THAT MAY BE HANDLED BY THE OFFICE STAFF. You may only contact the office via email if you have signed an online consent form. Our email address is northsidefammed@gmail.com. You may use our website, www.northsidefammed.com at your own risk at anytime it contains helpful links and information for you. You need to remember that it is not considered a secure website and any messages sent to us from the website are not secure either. The one exception that would be considered secure, if it is available on the website, would be payments for balances through paypal or other means. REMEMBER A SIGNED “Online Communications Informed Consent” IS NEEDED TO CONTACT US VIA THE INTERNET.

Consent forms- Northside Family Medicine is not responsible to keep and will not keep individual copies of the Notice of Privacy Practices for Protected Health Information, Online Communications Informed Consent, and Patient Guidelines on file for each patient. A current copy of the forms will be posted at all times in the waiting area and individual copies of the Consent will be available by request and on the website. The signature sheet containing signatures for Acknowledgment and Agreement for Notice of Privacy Practices for Protected Health Information, Online Communications Informed Consent, and Patient Guidelines will serve as the legal documentation that the patient has read and fully understands these above mentioned documents. It also signifies that the patient accepts all statements therein and agrees to comply with such statements that are included in the most current consent forms for each. You have the right to revoke these consents (with the exception of “Northside Family Medicine Patient Guidelines) in writing, except to the extent that we already have used or disclosed your protected health information in reliance on your consent.

Payment for Services- In order to be seen, payment is due on the same day as services are rendered unless other arrangements are made in advance or it is deemed an emergency by our medical staff. In addition, you need to bring your Drivers license and insurance card to each visit. For self pay patients a discount is offered, provided payment for services is received the same day of service. If you have a deductible type insurance or a insurance that requires the patient to pay some or all of the balance of the costs of a visit, we may require payment for the anticipated cost of a service before you are provided that service and prepayment may be a requirement to be seen. In most cases, we are estimating the cost of your visit to the best of our abilities using the software given to us by your insurance company. Please realize the actual cost of the visit may be more or less than you are actually charged on the day of service. If we owe you an overcharge of \$25 or more we will send you check. If it is less than that we will put a credit on your account unless you call us and request a check for the difference. If you owe us a balance we will send you a statement for anything over \$5 otherwise we will request payment for the balance at the next visit. For established patients who have had no previous problems or delays with payments and they have been seen by a provider in our office at least 4 times in the past, we will make exceptions and bill them for the deductible. For those with other types of insurance, we will collect your copay on the same day of service as a requirement to be seen. For the remainder of the balance for a visit, we will submit the charges to your insurance company in most instances. If your insurance company does not completely reimburse the visit, you will receive a bill from us. We expect prompt payment for the remainder of the bill for the services rendered. If you desire an explanation for the bill sent to you please contact our billing office at 303-655-1165. Copays and balances may be paid with cash, paypal, or credit cards. Balances can be paid by calling into our office or the billing office with your credit card, mailing in your balance with a credit card number, or going online (if available) at www.northsidefammed.com to pay the balance. Checks are not routinely accepted, but for established patients who have had no previous problems with payments and they have been seen by a provider in our office at least 4 times in the past we will make exceptions. If we do not receive payment within 2-3 months from receiving your first bill we may elect to send you to collections. Failure to pay after 30 days in collections will affect your credit history. You also may start to incur finance charges starting in the 2nd month after your first statement. Furthermore, we may elect to not see you or even dismiss you from the practice if you have a balance over \$40 that is not being paid down by \$20 or 20% (whichever is greater) of the original balance every month. Please be advised that all or part of your office visit may not be covered by your insurance company. We will make our best attempt to inform you if we think that your insurance will not cover a visit, or a part of visit, or a study linked to your treatment at our office- including labs, referrals to other doctors, EKGs, immunizations, any radiological studies (including CT scan and MRIs) and the visit itself. However, ultimately it is your responsibility and not ours to understand your insurance coverage to make sure you are getting care that is covered by your insurance. In the event that your insurance does not cover an expense from any of your treatment, you will be responsible for the unpaid balance. If you are uncertain if your insurance will cover a certain procedure or treatment or if it requires certification, please contact your insurance company before proceeding. We apologize for any inconvenience as these matters are out of our control and we do our best to help – keeping us informed on your current insurance and information will keep any potential for mistakes to a minimum.

After hours policy- Our main objective is to provide you with the highest quality of care when it is needed. That being said, we also ask that you respect the time away from the office that our providers have. When possible, calls will be forwarded directly to the provider on call. To provide you with easy access to the provider, we ask that you are considerate in your calls. Calling for refills for narcotics or any type of pain medications will not be routinely performed after hours. Furthermore, refills for other medications after hours should be avoided unless you do not have enough of them to make it to the next business day. You should never hesitate to call if you think there is a life threatening situation. However, you should consider calling 911 first in many of those situations.

You should also not hesitate to call after hours for questions such as “Should I be concerned about my son or daughters fever?” or for extreme pain from an injury, etc. Please let us know if you have any questions or concerns- if you are uncertain whether or not to call by all means call us and we will notify you if the call was inappropriate.

To Contact a Provider After Hours- First please read our after hours policy before continuing this section! All that is required is to dial our office number and you should be directed how to get connected to the doctor on call. In rare instances, you may have to leave a message and the provider will call you back.

Refills- In general, Northside Family Medicine will try to prescribe enough medication at each visit to last until the next time you should come in for an evaluation. **An appointment should be made before you run out of medications.** We do not do this to torture you or bring you in for unnecessary visits. Rather, we attempt to follow standard guidelines to ensure that you are receiving the care that you need for the conditions you may possess. That being said we understand that sometimes you will need an extra month of medication before coming in to the office. In most cases, an additional refill is not a problem but an appointment should be made to see the doctor before you run out of medications as further refills in general will only be given in less than one months supply. Unless it is a weekend and you need your medications before the next week, it is best to call your pharmacy to request a refill and they will then fax a refill request to us. In the meantime, make your follow-up appointment!!!!!!

Narcotics and addictive medications- It is the general policy of the office that addictive medications such as narcotics or anti-anxiety medications will not be prescribed on a regular basis to patients. Furthermore, narcotics will not generally be prescribed to any new patients without clear previous proof of treatment with medical records. While we may occasionally prescribe such medications for a short period of time, in most cases we will happily refer you to a pain specialist or a psychiatrist for treatment of those issues while continuing to care for your other needs. In rare instances where patients require small doses of narcotics or anti-anxiety medications for well documented problems, these patients may receive narcotics from our office but a narcotics agreement with our office will need to be in place.

Updating your address, phone number, and emails- It is your responsibility to notify us as soon as possible and not more then 1 month after you change your phone number, address, insurance or email (if you signed up for email with us). You can call us and update it over the phone, send a letter, or come in person.

Questions- Please do not hesitate to ask us for any issues that were not covered or if you have any concerns about our policies!!!