



SoCO
Primary Care Clinic
Office Policies

Patient Name: _____

DOB: _____

Welcome to SoCO Primary Care Clinic a Nurse Practitioner owned and operated clinic. We work to be a patient-centered clinic and we encourage you to be an active participant in your healthcare. In order to provide quality care, we ask that you please review and acknowledge our general office policies as outlined below:

____ **Appointments** – In order to help you make healthcare decisions and evaluate your condition, it is important to attend your scheduled appointments. If cancellation or rescheduling is necessary, please do so with at least 24-hours advance notice. **Patients who fail to cancel appointments prior to 24 hours, arrive more than 10 minutes late causing the appointment to be rescheduled, or “no call/no show” 3 times may be discharged from the practice at the discretion of the staff.** Our nurse practitioner’s schedules fill up fast, so please make sure to make a follow up appointment at checkout.

____ **Co-Payments** – Payments are expected at the time of your visit. If you do not have your co-payment at the time of your visit, you may be asked to reschedule your appointment. This will constitute as a no call/no show to your appointment.

____ **Urgent/Acute Visits** – In efforts to help the continuity of your care **please call our office for urgent care needs during workday hours prior to going to the emergency room or hospital. After hours or in the event if you are experiencing a life-threatening emergency, please proceed to the ER immediately.** Appointments are set aside daily for emergency visits. We will do our best to schedule you with your primary care provider, however, in cases of emergency you may be asked to see a covering provider. Chronic medications refills, regular evaluations, paperwork, etc. will not be addressed during these visits.

____ **Continuity of Care** – We feel strongly that continuity of care is best served when you see your primary care provider. It is requested that you do not “bounce” between providers in this office or other offices.

____ **Being Prepared** – Come to each appointment prepared. **Bring a complete list of current medications, vitamins, supplements, etc. to each visit. If you were asked to complete tests, please do so prior to your visit.** We suggest you write down questions and concerns prior to your visit.

____ **Calling Our Office** – Do not hesitate to call our office if you have questions regarding your care, medications, or medical condition. Our nurse practitioners and staff will do our best to respond in a timely manner. Please use the voice mail system that is checked on a routine basis and each message will be returned in the order of priority. If you do not get a return call **within 3 business days**, please call and speak with Nicole Betts or Chelsea Frey. **Medication refills and rescheduling of appointments cannot be done by the on-call nurse practitioner.** Please make these requests during regular office hours. If you have a medical emergency, call 911 or go to the nearest emergency room.

_____ **Medications and Refills** – If you are requesting refills please note that the refill process can take up to 7 days. **It is recommended that when refills are required; please call your pharmacy at least one week before the medication is needed.** This will allow time for the pharmacy to notify us of the refill request and for us to refill your prescription. In the event that a **prior authorization** is needed for your medication, this process can take up to 3 business days.

_____ **Demographic Information** – **It is your responsibility to update your phone number and address at each appointment.** We rely on accurate contact information to notify you of referral/imaging appointments, lab/imaging results, follow up appointment confirmations, etc. In order to help you and to care for your medical conditions, we often write orders for labs, schedule imaging, schedule specialist consults, etc. **Failure to attend these appointments will be grounds for discharge from SoCO Primary Care Clinic.** If you do not hear from a specialist, physical therapy provider, home health agency, imaging facility, etc. within one week, **it is your responsibility to contact our office** so that we can assist you in getting arrangements made.

_____ **Discharge** – In the instance that you are discharged from this office, you may be seen for 45 days on an emergency basis only. **During this time, controlled substances will not be filled.** You will be given a list of other offices in town accepting new patients and you are responsible for contacting these offices. Your records will be transferred to the office of your choosing once a written consent is signed and received by this office. If you transfer care from this office to another primary care office, prescriptions will no longer be filled by SoCO Primary Care Clinic. I understand that I must notify this office if I have been seen by another provider/facility for any acute or chronic reason.

_____ **Respect** – Mutual respect between office staff and patients is mandatory. Please notify the office management immediately if you feel that the office staff are not meeting your needs. If mutual respect is not maintained this will be grounds for discharge from the office. **Disrespect and abuse towards the staff of any kind will not be tolerated.**

Thank you for being a patient at our clinic and for your assistance.

Printed Name: _____ Signature: _____ Date: _____