



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. **Medication**

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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.**

_____ **Electronic Consent** – SoCO Primary Care Clinic utilizes a health information exchange and can access medical records through this portal. By initialing this statement, I give my consent for my medical history to be accessed using the statewide network if necessary. This network does meet the privacy and security standards of HIPAA.

_____ **SMS Message Consent** – SoCO Primary Care Clinic utilizes an after-hours messaging service that allows the providers to respond using SMS (text) messaging. I understand that this method of communication may not be secure or confidential. SoCO Primary Care utilizes a third party to transcribe after hours voice messages to relay my message to my provider. While all precautions to keep this information secure are taken, I do understand there is the risk for interception and possible use by a third party.

_____ **Social Media** – I agree that I will not contact any of the providers or staff of SoCO Primary Care Clinic through any social media platform (i.e. Twitter, Facebook, Instagram, etc.). My messages will not be read or responded to. If I am in need of medical care, I agree to call the office and schedule an appointment. Continued messaging through social media is grounds for discharge from the office.

_____ **Non-Emergent Needs** – If I call the office with a question or concern and this is not an emergency, I agree to only call the office ONE TIME regarding the issue. I understand that my provider or the staff of SoCO Primary Care Clinic may need up to 24 hours to process my request. Calling more than once in a day slows down and interrupts the care being provided to scheduled patients.

_____ **No Walk-In Appointments** – Due to increasing patient volume, walk-in appointments cannot be performed at SoCO Primary Care Clinic. If I need to be seen, I agree to call the office and schedule an appointment with the provider.

_____ **Paperwork/Letters** – In the event that I need paperwork filled out or a letter written on my behalf, I understand that I need to give my provider at SoCO Primary Care Clinic at least 72 business hours to complete this. I understand that if this notice isn't given to the provider, I am not guaranteed to have my paperwork or letter in a timely fashion.

_____ **Referrals** – I understand that if I request a referral to a specialist, I will need to make an appointment to be seen by the provider to be examined and discuss this. Since most often specialists require notes regarding the issue, I understand it is my responsibility that my primary provider is aware of my problems.

_____ **Office Supplies** – I understand that there are medical supplies placed throughout the office for the convenience of the staff and providers (i.e. gloves, swabs, alcohol wipes, etc.). I agree that I will not take these supplies as they are there for the office to use for patient care. I further understand that if I continue to take supplies, this is grounds for discharge from the practice.

_____ **Aggressive Behavior** – Any form of aggressive behavior WILL NOT be tolerated. This is a safe and healing environment. Administration supports staff in pressing charges for aggressive behavior they encounter while caring for patients. SoCO Primary Care Clinic reserves the right to refuse service to anyone for any reason.

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

Printed Name: _____ Signature: _____ Date: _____