



OFFICE POLICY

Schedule of Fees:

1. New Patient Consultation: \$325 (up to 1 hour- Initial visit must be in office).
2. Follow-Up visits: \$175 (up to 30 minutes) and \$325 (up to 1 hour)
3. Phone Consultations: \$175 (up to 30 minutes) and \$325 (up to 1 hour)

*Please note that visits are charged per 30-minute blocks.

Our office does not accept insurance. Patients will be given a Superbill following each visit which may be submitted to their insurance company. It is not guaranteed, however, that your insurance provider will pay for services rendered. Please inquire about reimbursement with your insurance company prior to the first visit. It will be helpful to find out if there is reimbursement for out-of-network providers and whether office visits will count toward your deductible. In addition, it is the patient's responsibility to find out if prescription medications and lab tests will be covered if ordered by out-of-network providers. Medicare, Tricare, Oregon Health Plan and Medicaid patients will not be able to submit Superbills for reimbursement; therefore, the patient will receive a receipt for services rendered instead of a Superbill.

Please be aware that by submitting a Superbill, you are releasing your personal health information which is protected by law.

Cancellation Policy:

Both new patient appointments and follow-up appointments (in-person or phone consultation) must be canceled 2 business days prior to visit. There will be a \$100 charge if a new patient appointment is canceled less than 2 business days prior to a scheduled appointment. There will be a \$50 charge if a follow-up appointment is canceled less than 2 business days prior to a scheduled office visit or phone consultation.

At the provider's discretion, a patient may be dismissed from the practice after 3 missed appointments.

Provider Contact Protocol:

Established patients may leave a message on voicemail or via email at contactBHHC@bendholistichealthcare.com. Please allow up to 3 business days for a response. If it is determined by the provider that an office visit or phone consult is necessary, you will be contacted to schedule an appointment. The provider will follow up on evening and weekend phone messages or emails during regular business hours.

During office visits, patients may be advised to stop a medication or supplement if any adverse reactions occur. If there is any question about a potential adverse reaction to a drug or supplement, patients are advised to stop the drug or supplement until the matter can be discussed at the next office visit or phone consultation; unless the patient is directed to stop using the medication or supplement by a pharmacist or another health care provider including ER or urgent care providers.

In the event of a medical emergency, it is the patient's responsibility to call 911 or go to the nearest emergency room. For non-emergent needs, the patient should contact her/his primary care provider or go to an urgent care center.

Medication Refills:

Patients are required to have in-person office visits at least every 3 months to continue a treatment plan that includes prescription medications. For most patients, however, it is generally recommended that they be seen every 2-4 weeks for treatment monitoring. Please ask your pharmacy to fax a refill request to our office 1-2 weeks prior to running out of your medication. Allow up to 3 business days to process medication refills. For those pharmacies that require 3-month prescriptions, a patient is required to be seen at least every 4 weeks in the office for treatment monitoring.

Frequency of Visits:

It is recommended that patients be seen in the office at least on a monthly basis for treatment monitoring. As mentioned above, patients **must** be seen in the office at least every 3 months if medications are being prescribed.

Patients who receive 3-month prescriptions (as required by their pharmacy) **must** be seen at least every 4 weeks.

- If a patient has to travel long distance, phone consultations at least every 4 weeks in between office visits (every 3 months) will meet this requirement.
- Patients who do not reside in Bend and are unable to make monthly office visits should have access to another provider near their residence who can help monitor ongoing treatment.

If a patient fails to follow up with regular visits as directed by the provider and office policy, it is grounds for dismissal from the practice.



205 NW Franklin Avenue, Bend OR 97703
Phone: (458) 256-9594 Fax: (530) 316-5921
www.BendHolisticHealthCare.com

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.** (*Effective November 01, 2018*)

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

To treat you:

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization:

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services:

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We will share information about you related to CDC and state health departments' mandatory reportable diseases.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations only if you have indicated on your driver's license that you are an organ donor or if you are registered with your state's organ donor registry. If the decision is to not permit donation, this will be indicated in your health records.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

***Please contact our office with any questions or concerns:**

Email: contactBHHC@bendholistichealthcare.com

Phone: (458) 256-9594 Fax: (530) 316-5921

Address: Bend Holistic Health Care, P.C., 205 NW Franklin Ave., Bend, OR 97703

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