

This notice is effective as of July 1, 2003. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice if needed to comply with HIPAA regulations. Changes to this notice will be posted in the waiting room. You may request a written copy of this or subsequent notices at any time.

You have recourse if you feel that your privacy has been violated.

- o You may file a written complaint with the Manager of this clinic.
Manager
Rocky Ford Family Health Center, LLC
1014 Elm Avenue
Rocky Ford, Co. 81067

- o You may file a complaint with the Department of Health and Human Services
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257

Toll Free: 1-877-696-6775

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers involved in my medical treatment directly and/or indirectly.
- Obtain payments from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices*. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that if we are not in agreement with my requested restrictions that you are not bound to abide by such restrictions.

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment of this Notice of Privacy Practices Policy, but was unable to do so as documented below:

Date: _____	Initials: _____	Reason: _____
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Rocky Ford Family Health Center, LLC

Financial Policy

- All co-payments are due at the time of scheduled appointment. If you do not have your co-pay and you did not make arrangements before your appointment, you will be rescheduled. This appointment may result in a no-show.
- With most insurances, you are required to pay a deductible. If your deductible is not met at the time of your visit, you are required to pay for the visit in full. You will be required to pay your co-pay, or any other payment due on your account at the time of your visit or your appointment will be rescheduled.
- Understand that your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claim and have them pay our office directly. If your insurance company does not pay our office within 90 days, you will be responsible for payment. If we happen to receive a payment from your insurance after 90 days and you have already made a payment, your payment will be refunded to you.
- If we are not contracted with your insurance carrier, you will be responsible for payment at the time of service and you will be given a form to send into your insurer for a refund.
- Understand that ALL insurance plans are different and do NOT cover the same services. If your company does not cover a service that you received in our clinic, you will be held responsible for any remaining balance. Your payment will be due on receipt of statement from our office. If our office does not receive payment within 30 days, you will be turned over to a collection agency.

I have read and thoroughly understand the office's financial policy. I understand that these terms may be amended by the office at any time. I agree to be bound by the terms of this policy.

Rocky Ford Family Health Center, LLC

No-Show Policy

A no show fee of \$40.00 will be assessed to all missed appointments!!

This policy applies to new and established patients and includes your entire immediate family.

1st no show results in \$40.00 fee and a warning letter from our office.

2nd no show results in \$40.00 fee and a final notice letter from our office.

3rd no-show you will receive a patient dismissal letter for you and your immediate family.

- If you have an appointment scheduled and you are late by 10 minutes or more, your appointment will be cancelled and will be considered a "no show".
- If you have an appointment scheduled and you need to cancel, the cancellation must be done at least one hour prior to scheduled appointment time. If you cancel in less than an hour of your appointment, it will be considered a "no-show".
- If you miss two appointments consecutively, you will have to pay \$80.00 before you can be rescheduled.

Patients covered under Colorado Health Choice (Medicaid) are exempt to no-show fees, however the same 3 strike rule applies.

I have read and understand this office's no-show policy. I understand that this policy may change at any time. I agree to be bound to the terms of this policy.

Rocky Ford Family Health Center, LLC

1014 Elm Ave.

Rocky Ford, Co. 81067

Phone Number: 719-254-7421

Fax Number: 719-254-6966

We are a Patient-Centered Medical Home Clinic

What is a Patient-Centered Medical Home Clinic?

It is the way we care. It is a team-based approach to your health, led by your primary care provider. This team includes your primary care provider, other clinical staff and you. It is health care that focuses on you and your needs.

Right Care. Right Time. Right Place.

Doug Miller, FNP-C/Owner

Heather Elliott, NP-C

Both Doug and Heather are Certified Nurse Practitioners and can handle most of your health care needs. They will collaborate with specialists when a second opinion, referral or hospitalization is needed. They provide health care for your entire family from Newborns to Geriatrics.

Office Hours:

Monday-Friday

8:15am-Noon & 1:15pm-5:00pm

Ask about available appointment slots after 5:00pm Monday-Thursday for "sick visits." These "sick visits" will only be 15 minutes long and only one issue will be addressed during this visit.

Resources available to the Community

If you suffer from anxiety, depression or thoughts of suicide, you can contact one of the numbers below.

1 (800) 511-5446

www.southeasthealthgroup.org

International hotline

tel:1-800-273-8255

1 (844) 493-TALK (8255)

www.coloradocrisiservices.org

International Text Line

741741

Office Visits:

- Please bring **ALL** of your medications to every visit (including prescriptions, vitamins, herbs and over-the-counter medications).
- A maximum of **3** issues will be addressed at each scheduled visit.
- When scheduling an appointment, please specify what you would like to be seen for. If the appointment is for an ER/Urgent care, hospital visit or consultation follow up, please notify the receptionist when she schedules you so we can request the appropriate medical records before your visit.

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Patients covered under Colorado Health Choice (Medicaid) are exempt to no show fees, however the same 3 strike rule applies.

Prescription Policy

ALL prescription and authorizations for renewals must be requested during normal business hours. We are unable to refill prescriptions on the day of your request. Please call your pharmacy for refill requests and allow 72 hours (3 days) to have your prescriptions refilled.

**Notice to Individuals with Limited English Proficiency-Language
Assistance is Available**

ENGLISH

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-719-254-7421.

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-719-254-7421

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-719-254-7421

CHINESE

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-719-254-7421

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-719-254-7421 번으로 전화해 주십시오.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-719-254-7421

AMHARIC

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶች በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሳለው ቁጥር ይደውሉ 1-719-254-7421.

ARABIC

ر م ق 1-719-254-7421 وحل مظة: إذا متذكمتحتت اتركه انك إفن امدخت المداسملة اة بوغلا وتار فك ااجملاين .ال صتم قري

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-719-254-7421.

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-719-254-7421

NEPALI

ध्यान दनुहोसः तपाइले नेपाल बोलुहन्छ भन तपाइको निम्त भाषा सहायता सवाहरू नःशल्क रूपमा उपलब्ध छ । फोन गनुहर् ोस 1-719-254-7421

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-719-254-7421.

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-719-254-7421まで、お電話にてご連絡ください。

CUSHITE

XIYYEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-719-254-7421.

PERSIAN (FARSI)

توجه: اگر ہر زبان افری سکتنگو می بندکد، لایهستت زی ناد صورت رالکین برای امش 1 فراهم می شابد، اب - امتس یگیرید
1-719-254-7421

KRU (BASSA)

Dè dè nà ke dyédé gbo: Ɔ jũ ké m̄ [Bàsúú-wùdú-po-nyò] jũ ní, ní, à wuɖu kà kò dò po-poò b̄èin m̄ gbo kpáa. Ðá 1-719-254-7421.

