

## **Practice Policies**

Your understanding and acceptance of our policies is an essential element of your care; and is required in order to complete your registration and receive medical evaluation and treatment.

- 1. Acknowledgement of Notice of Privacy Practices (HIPAA):** I understand that I am entitled to receive a copy of the notice of privacy practices, available upon request and on the practice website.
- 2. Completeness and Accuracy:** I have answered the questions regarding my medical history accurately and to the best of my knowledge and understand that providing incorrect information can be dangerous to my health. I understand that it is my responsibility to inform the doctor and office staff of any changes in my health and medical status.
- 3. Treatment and Medication History Authorization:** I give consent to the Doctors to:
  1. Perform minor office based procedures to treat my condition, symptoms, illnesses, or injuries
  2. I also consent for my minor child/children or family members for whom I am responsible.
  3. I consent to the access and download of my prescription medication history.
- 4. Communication Policy:** I give consent to you to contact me by phone, email, and text, based on my preferences, and I understand that these are not encrypted or secure communications.
- 5. Appointments and Cancellation Policy:** We will make every effort to accommodate your scheduling needs; In return we ask that you help us by keeping your scheduled appointments, and by notifying us in advance if you are unable to do so. Patients who fail to arrive within fifteen minutes for their scheduled appointments or who cancel with less than 72 hours notice will be charged a fee of \$150 to the credit card on file.
- 6. Medical Records, Forms, and Insurance Authorizations:** Patients receive complimentary access to our patient portal. An administrative fee of \$100 may be assessed for certain functions, such as but not limited to paper record requests, form completions, and insurance prior authorizations. Insurance prior authorizations are not a guarantee of payment.
- 7. Release of Medical Information and Assignment of Benefits:** I authorize the release of all information necessary to submit and process insurance claims on my behalf. I assign to San Mateo Podiatry Group the payment and benefits of any and all insurance policies to which I am entitled.
- 8. Electronic Signature:** An electronic copy of this agreement shall be binding as the original.
- 9. Establishing Physician-Patient Relationship:** The Doctor will review your case and determine whether the practice will accept you as a patient; completing registration forms does not establish a physician-patient relationship.