

### **Practice Policies**

1. **Introduction:** Your understanding and acceptance of our policies are essential to your care, and is required to complete your registration, establish a Doctor Patient relationship, and receive medical evaluation and treatment.
2. **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.
3. **Acknowledgement of Receipt and Understanding, Podiatric Medical Board of California Notices:** I have received and understand the Patient Notices, available upon request and on the practice website.
4. **Completeness and Accuracy:** I have answered the questions regarding my medical history accurately and to the best of my knowledge. I understand that providing incorrect information can be dangerous to my health. I am responsible for informing the doctor and office staff of any changes in my health and medical status.
5. **Treatment and Medication History Authorization:**
  - a. I consent to the Doctors to perform minor procedures to treat my condition or injuries.
  - b. I also consent for my minor child/children or family members for whom I am responsible.
  - c. I consent to accessing and downloading my prescription medication history.
6. **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.
7. **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 of 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.
8. **Medical Records, Forms, and Insurance Authorizations:** Patients receive complimentary access to our patient portal. An administrative fee of \$100 may be assessed for specific functions, such as but not limited to paper record requests, form completions, and insurance prior authorizations.
9. **Authorization, Release of Information and Assignment of Benefits:** I authorize San Mateo Podiatry Group to act on my behalf as my authorized representative for any and all matters with my health insurance company. 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 all insurance policies to which I am entitled.
10. **Electronic Signature:** An electronic copy of this agreement shall be binding as the original.
11. **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.