PIKES PEAK
FOOT & ANKLE CLINIC

DISCLOSURE OF PATIENT PROTECTED HEALTH INFORMATION

In general, the HIPAA privacy rules give individuals the right to request a restriction on uses and disclosures of their protected health information (PDH). The individual is also provided the right to request confidential communication or that a communication of PHI be made by alternate means, such as sending correspondence to the individual's office instead of the individual's home. Please circle your preferred method of contact:

HOME   WORK   CELL   E-MAIL   PORTAL

People I authorize Pikes Peak Foot and Ankle Clinic to share my or my child's PHI with:

Spouse:_____   Grandparent:_____

Sibling:_____   Other:_____

Pikes Peak Foot and Ankle Clinic- Office Policies

In order to continue to serve our valued patients we have adopted the following policies:

1. <u>CANCELLATIONS</u>: We require at least a 24 hour notice for cancellation of appointments so that we may offer your appointment time to another patient. If you do not provide at least a 24 hour notice, you will receive a bill for the <u>$40 no-show fee</u>.
2. <u>TARINESS:</u> If you are 15 minutes late or more, you may be rescheduled in order to accommodate our other patients' appointment slots.
3. <u>PRESCRIPTION REFILLS</u>: Refill requests must be made at least three days In advance and should be faxed from your pharmacy to our office or requested through our online patient portal. This reduces medication errors from phone messages.
4. <u>After-Hours Calls</u>: After-hours Emergency calls will be answered by our on-call physician. This service is for established patients with foot/ankle emergencies. In case of a medical emergency, you should dia19-1-1. Please make prescription refill and appointment requests during office hours or through our online patient portal at www.pikespeakfootandankle.com See #3 above.
5. <u>Medical Records</u>: There is a $30.00 fee for release of medical records. This must be paid prior to the release of records and helps cover the cost of printing and shipping. Please allow one week to process your request.
6. There will be a $100 deposit fee at the time of casting which will be refundable upon payment in full from insurance, If covered.

I have read and understand the policies set by North Austin Foot & Ankle Institute and agree to

the terms. Signature:_____.

Date_____

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