



PATIENT AND PHYSICIAN EXPECTATIONS

The Privacy of Your Information:

Your information is protected with the utmost respect and according the standards of HIPAA. That is why we take extra precautions to protect you and your information. You will be asked to fill out and sign paperwork authorizing us to give your information to any person or entity other than those involved directly with your medical care (physicians, insurance companies). If you request copies of your medical or billing records, we are required to verify your identity. You may be asked a series of personal questions over the phone or be physically present to sign a release for information. We thank you for trusting us to collect and protect your personal information.

Prescriptions Refills:

We ask that you do not call us for prescription refills. We require a fax from your pharmacy so we can insure that the proper medication, dosage and instructions are ordered. This helps protect you from any error that can occur with verbal requests.

Referrals and Authorizations:

If your visit results in a referral to a specialist or a diagnostic test, we will make every effort to have referrals processed in a timely manner. At times there may be delays as many insurance companies now require that we obtain an authorization prior to scheduling a referral to another physician or for a diagnostic test.

If you have not heard from our office in two weeks regarding your referral please call us at 850-476-0700. Please sign below that you have read the above policy.

Thank you.

Signature

Date