



### **Sole Care Mobile Podiatry, PLLC Policies & Procedures**

**Confidentiality:** The Health Insurance Portability and Accountability Act (HIPAA) protects a patient's privacy with regard to personal health information. Sole Care Mobile Podiatry, PLLC, has protocols, procedures, and standards in place to adhere to these federal guidelines. A copy of HIPAA guidelines as provided by the Department of Health and Human Services is kept on copy at each facility. Residential patients will receive a copy upon request. Your privacy is very important to us, and we have implemented a variety of protocols and procedures to meet and exceed HIPAA guidelines.

**Communicating with Your Provider:** The best way for a patient to communicate with their doctor is during the prescribed appointment. It is a good idea to write down any questions you have for the doctor in advance so you do not forget anything during the visit. Additional communications should occur by phone. Do not email or send patient information via USPS, as these methods do not meet HIPAA guidelines. If we are not able to answer the phone, and it is a weekday, someone from the office will return a patient's phone calls within 24 hours. If it is a designated holiday, after 4:30pm on a Friday, or it is a Saturday or Sunday, and you have an emergent question or concern, it is best to contact the on-call physician through the office phone system: 480-247-6494. For any medical emergency, do not delay - call 911 immediately.

**Co-payments:** We realize that can be difficult for many patients to remit co-pay amounts at the time of service due to health or logistic considerations. If the patient is unable to remit the co-pay at the time of service, an invoice will be generated and mailed to the responsible party.

**Payment & Collections:** Any portion of fees not covered by insurance is the responsibility of the patient or their designated representative, such as the patient's legal guardian or Power of Attorney. This includes any co-pay, unmet deductible amounts, or uncovered services. Any unpaid fees after 90 days will be sent to collections. A fee of 25% will be added to the balance if an outstanding balance goes to collections. Thank you for your prompt payment. If you are having financial difficulties, contact the office to discuss options. Please note that a concierge house call (paid with cash) must be paid for in its entirety at the time of service. Credit card, personal check, and cash are all acceptable forms of payment when made in person. Personal checks are the only accepted payment when mailed.

**Pets:** Sole Care Mobile Podiatry loves pets! We have pets of our own. However, pets can sometimes behave unpredictably when someone new enters the home, particularly when that new person touches their "master" to accomplish appropriate treatment. Please put away all dogs and puppies in another room with the door closed for the duration the physician is in the home. Cats that are known to be aggressive should also be put away. If you have any questions about other types of pets, please call the office in advance. The physician reserves the right not to enter the property if a pet is not put away. The safety of our team members is of the utmost importance. Thank you for your understanding.

**Statement of Non-Discrimination:** Sole Care Mobile Podiatry, PLLC, does not discriminate against employees or patients on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, military or veteran status, disability or handicap, gender or gender identity, sexual orientation, or any other characteristic protected under federal or state law.

**Dismissal from the Practice:** A patient can be dismissed from the practice for any reason at the discretion of the physician or Sole Care Mobile Podiatry, PLLC. You will be notified by mail and will have 30 days to secure a new provider of your own choosing. Potential reasons a patient could be dismissed include (but are not limited to): more than 2 consecutive 'no-shows' or 3 consecutive cancellations, excessive calling of the physician or office, physical violence or threat of violence, intimidation, harassment of provider or staff, inappropriate behavior, not following the provider's medical advice (noncompliance), dishonesty, personality conflicts, and/or failure to pay fees. Please note that dismissal from the practice is a rare occurrence, and this policy is intended to protect the security of the practice and maintain the safety and well-being of our providers and staff.

**Appointment Cancellations:** If a scheduled appointment is not cancelled within 24 hours, or the patient is not present at the residence at the scheduled appointment time, an invoice (bill) in the amount of \$50 will be issued to the responsible party. The physician sometimes drives up to an hour one-way to reach the patient's place of residence. Cancellations and no-shows cost time and money. We make every effort to communicate appointment days and times with patients, POAs, caregivers, and facilities.

**Medication Refills:** Pending approval from the physician, please allow 3 business days to refill any prescriptions. The podiatrist may require an additional visit prior to authorizing a refill.

**Insurance Coverage for X-Rays & Laboratory Tests:** Sometimes, the podiatrist will recommend X-rays or tests that are NOT covered by the patient's insurance. It is the patient's responsibility (or their legal representative) to check with the insurance plan to see what services are and are not covered. The patient is responsible for all charges not covered by their insurance plan.

**Obtaining X-Ray and Laboratory Results:** If a patient wishes to obtain X-ray or laboratory results over the phone, the patient or their medical representative must sign and date a Release of Medical Records form that will be on-file with the Sole Care Mobile Podiatry office. Test and X-ray results can also be left through voicemail if the signed release allows. Patient privacy is extremely important to us, so we are not able to provide medical information or test results to patients or representatives over the phone unless a release has been signed and is on-file in the patient's chart. Release of Medical Records forms may be sent and received via fax: 480-247-6643.

**Copying Records & Patient Charts:** Patients and their legal representatives are entitled to copies of the patient's chart. Due to the time, paper, and ink involved, any chart copy that exceeds 10 pages will be charged to the patient at a rate of 25 cents per page. Please allow 3 business days for patient charts to be prepared for pick up. Charts cannot be mailed. Please call the office to obtain pick up address. If you are requesting a copy of the patient's chart be sent to another provider or medical office, please allow 3 business days. Charts can be faxed directly to a physician's office if the patient provides the physician's name, address, and phone number. A Release of Medical Records must be on-file for any chart to be copied and provided to the patient, their representative, facility administration, or another physician's office.

**Signature of Individual or Legal Representative:** \_\_\_\_\_

**Printed Name of Individual or Legal Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_