

Welcome to Sun Lakes Family Physicians, LLC

This letter is to welcome you to our office and to provide you with some helpful tips to make your time with us healthy and satisfying.

You can reach us by phone at 480-505-2450. This is an automated line. The first message you hear is important. It will tell you to hang up if you are calling about a life-threatening emergency and call 911. It will also say if the office is closed and how to reach the "On Call" physician for urgent matters that can not wait until the next business day.

If this is your first visit with us, please arrive 30 minutes prior to your appointment time. This allows us enough time to enter your information into the computer and verify your insurance coverage. If you do not have your insurance cards with you and we are unable to verify coverage you will be responsible for your visit at the time of service, or your appointment will be rescheduled to a date when this information will be available.

To ensure proper billing, the receptionist will ask for your insurance card(s) at each visit; please have them ready. Our office will bill your insurance company for any services rendered. Once payment has been received from your insurance company, you will receive one statement from us. Payment is expected within ten (10) days.

If your insurance requires a copay, it will be collected when you check in. A copay is collected for each office visit. Sorry, we are unable to bill co pays to you or to any secondary insurances. For your convenience we accept cash, checks and major charge cards.

Keep an eye on your medications. Before your prescriptions run out, please call your pharmacy to make your request (Please allow two (2) business days for your request to be processed). The pharmacy will in turn fax the information to us. The doctor will review the request and it will be faxed back to the pharmacy. It is only necessary to call the pharmacy; duplicate messages to our office will slow down your request. This process also works for a prescription that has no refills. A change in or a new prescription will require an appointment.

Routine physicals, sports physicals, well visits or preventative visits are an important part of your care, which our physicians encourage. However, not all insurances cover these visits. Because there are multiple plans for each insurance it is impossible for us to know if your insurance will cover these visits. The physicians will code these visits as preventative visits. It is your responsibility to know what is covered by your insurance. Feel free to call your insurance company prior to your visit to find this out.

Sometimes your course of treatment requires you to see a specialist. Some insurances require referrals from your Primary Care Provider (PCP); these are generally HMO insurances. Our office must generate this request for you. Your PCP's approval is necessary so the request will take about a week to process. You will be notified by phone that your referral has been completed and how to make your appointment. There are some tests: CT scans and MRI's that may require authorization whether your insurance is a HMO, POS, EPO or PPO. Our office will obtain this for you. It is to your benefit to know if your insurance requires pre-authorization on any of these tests.

We have many messages that come through our office, and we will make every effort to respond to your messages the same day it is received. Duplicate messages will slow this process down. If you are expecting a call from us and you have a blocked line, please, unblock it by pressing *82, to re-block the line press*77.

Thank you, for choosing Sun Lakes Family Physicians for your health care needs.

PATIENT HISTORY FORM

Note: This is a confidential record and will be kept in your doctor's office. Information contained here will not be released to anyone without your authorization to do so.

Medical History

| Medical <input type="checkbox"/> None (<i>High Blood Pressure, Diabetes, Cancer, Heart Disease, etc.</i>) _____ _____ _____ _____ _____ | Pregnancy History <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Year</th> <th style="width: 20%;">M/F</th> <th style="width: 60%;">Normal/ C-section</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table> | Year | M/F | Normal/ C-section | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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Surgical None (*Tonsillectomy, Appendectomy, Hysterectomy, Hernia, etc.*)

Allergies to medications? None (If Yes, please explain type of reaction, i.e. hives, wheezing, upset stomach, swelling, etc.)

| Current prescription medicines <input type="checkbox"/> None <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of drug</th> <th style="width: 15%;">mg dose</th> <th style="width: 15%;"># tablets</th> <th style="width: 45%;"># times per day</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | Name of drug | mg dose | # tablets | # times per day | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | Current prescription medicines <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of drug</th> <th style="width: 15%;">mg dose</th> <th style="width: 15%;"># tablets</th> <th style="width: 45%;"># times per day</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | Name of drug | mg dose | # tablets | # times per day | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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OTC medicines. (Aspirin, Tylenol, Ibuprofen, Aleve, vitamins and herbals.)

Family History

Father: Living - Age: _____ Deceased, Age at Death _____ (Cause) _____

Mother: Living - Age: _____ Deceased, Age at Death _____ (Cause) _____

Siblings: Number Living _____ Number deceased _____ (Cause) _____

List other illnesses in your family (Example - Diabetes, heart disease, colon cancer, breast cancer, prostate cancer, etc)

| | | | |
|---------------|---------|---------------|---------|
| Family Member | Illness | Family Member | Illness |
| _____ | _____ | _____ | _____ |

Social History

Smoke? Yes No If yes, how much? _____ # of packs/day _____ # of years When did you stop smoking? _____

Alcohol? Yes No If yes, how much? _____

Have you ever used recreational drugs? (i.e. marijuana, cocaine) If yes, what/when _____

Victim of Domestic Violence? _____

Exercise regularly? Yes No If yes, what and how frequently? _____

Routinely wear seatbelts? Yes No Routinely wear a helmet? Yes No

Single Married Divorced Separated Widowed Working Retired Disabled

PATIENT NAME: _____
 DATE OF BIRTH: _____

DATE: _____
 PHYSICIAN SIGNATURE _____

| | |
|---|--|
| Constitutional Y N Weight change Y N Chills/Fever/night sweats Y N Sleep Problems Y N Have you gotten shorter? | Gastrointestinal Y N Abdominal pain Y N Nausea/vomiting Y N GERD / Ulcers Y N Constipation, Diarrhea, Blood in stool |
| Allergic / Immunologic Y N Hay Fever Y N Drug allergies Y N Food allergies | Hematologic/ Lymphatic Y N Swollen glands Y N Blood clotting problem Y N Bruising Y N Transfusion |
| Cardiovascular Y N Chest pain? Y N Irregular heartbeat /Palpitations Y N Swelling in ankles Y N High blood pressure Y N Heart attack | Musculoskeletal Y N Bone pain Y N Muscle pain Y N Joint pain |
| Skin Y N Rash Y N Lumps or bumps Y N Moles, skin tags Y N Skin cancer | Neurological Y N Tremors Y N Dizziness/ Vertigo Y N Numbness/tingling Y N Stroke/TIA |
| Endocrine Y N Excessive thirst Y N Too hot/cold Y N Tired/sluggish | Respiratory Y N Wheezing /Asthma/ COPD Y N Frequent cough Y N Shortness of breath |
| Eyes Y N Double vision Y N Glaucoma Y N Cataracts Y N Macular Degeneration | Psychological Y N Are you generally happy? Y N Do you feel depressed? Y N Do you feel anxious? Y N Do you feel safe in your home? |
| Ears, Nose, Throat, and Mouth Y N Hearing changes Y N Sore throat Y N Sinus problem | |
| Preventative Last Colonoscopy _____ Last Mammogram _____ Last Pap _____ Last Period _____ Last Prostate Exam _____ Last Eye Exam _____ Last Dental Exam _____ | Immunizations Tetanus _____ Flu Shot _____ Pneumonia _____ Shingles _____ Covid _____ |

Patient Name _____ DOB _____
Physician _____ Date _____

Whom can we talk to?

Sun Lakes Family Physicians, LLC
10450 Riggs Rd, Ste 114
Sun Lakes, AZ 85248

FOR THE PURPOSE HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL AND COMMUNICABLE DISEASES RELATED INFORMATION (AS DEFINED IN A.R.S. SECTION 36-661), CONFIDENTIAL ALCOHOL OR DRUG ABUSE RELATED INFORMATION (AS DEFINED IN 42 (FR SECTION 2.1 ET SEQ.), AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION).

What is the best number to reach you at for results and reminders? Can we leave a message? Yes No

_____ Mobile _____ Home

Would you like to view information through our secure Patient Portal? If so, please give us your email address:

I authorize Sun Lakes Family Physicians, LLC to speak with the person(s) designated below, and/or message, on my behalf, when I am not available. I do understand that my confidentiality cannot be guaranteed. _____ (Patient initials)

It is OK to speak with the following person(s) about my medical condition:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Can these people also pick up records, orders, or prescriptions on your behalf? Yes No

Please note: ALL changes / deletions must be done in writing.

Today's Date _____

Patient's Signature _____

Patient's Name (printed) _____

Patient's Date of Birth _____

Patients City of birth: _____

Jennifer McDonald, MD

Kenneth Paige, DO

Anthony Young, FN-C

Venecia Rayhons, PA-C

Amanda Higgins, FNP-C

Patient Responsibility and Financial Policy

Thank you for selecting Sun Lakes Family Physicians, L.L.C. for your healthcare services.
Thank you for taking the time to read and understand our policies.

Please be aware that due to current federal regulations, we are obligated to collect all applicable co-payments, co-insurance, and deductibles for all services.

Patient Responsibility

- Know your insurance policy: Patient should be aware of your benefits coverage including which physicians are contracted with your plan, covered and non-covered, authorization requirements, and cost share information such as deductible, co-insurance, and copays. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- Your current insurance card is required at the time of each visit at check in. It must be on file for us to bill your insurance. If we do not have your card on file, you will be treated as a self-pay patient, and our fee is expected at the time of service. When the card is furnished, we will file your insurance and reimburse you after your claim has been paid.
- Our insurance contracts require us to collect co-pays and co-insurance at the time of service.
- Deductible and co-insurance amounts not covered by your supplemental insurance plans are patient responsibility.
- A sixty (60) day period, from the billing date, will be extended for pending insurance payments, after which the patient may be held responsible for the balance.
- **Any outstanding balance after two statements may be sent to our recovery department and is subject to an administrative fee of \$25.**

Our Responsibilities

- We require a 24-hour notice for appointment cancellations.
 - As a courtesy, we will make every effort to remind you of your upcoming appointment.
 - Ultimately, remembering your appointment is your responsibility.
 - If a cancellation is necessary, please call us as soon as possible, so the appointment can be offered to someone else.
 - Cancellations with less than 24-hour notice, short notice reschedules, or "no-shows" will be subject to a \$25 fee.
- There is a \$25 charge for the completion of forms. (examples: Insurance, disability, FMLA).
 - An office visit may be required.
 - We require a minimum of five (5) days to complete the forms.
 - Payment is expected at the time service is requested.
 - You will be notified when the form is complete.
- There is a \$25 fee for NSF (nonsufficient funds) plus any fees incurred by the bank, for returned checks.

Please acknowledge your understanding of these policies and your willingness to comply with the above. I understand that I am ultimately responsible for the balance on my account for services rendered.

Signature

Date

Jennifer S. McDonald, M.D.

Kenneth D. Paige, D.O.

Anthony Young, FNP-C

Venecia Rayhons, PA-C

Amanda Higgins, FNP-C

Notice of Privacy Policies for Sun Lakes Family Physicians

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

At Sun Lakes Family Physicians, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective January 1, 2023 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Sun Lakes Family Physicians; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for the future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Sun Lakes Family Physicians, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Information Practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information by alternative means or alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Sun Lakes Family Physicians is required to:

- Maintain the Privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you abide by the terms of this notice,
- Notify you if we are unable to agree to requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in this authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Officer at 480-505-2450.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights. The address for the OCR is listed below:

Office of Civil Rights
US Department of Health and Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington, DC 20201

Examples of Disclosure for Treatment, Payment, and Health Operations

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your Specialist or subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will let those who ask for you by name, that you are in the building.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other transplantation of organs for purpose of tissue donation and transplant

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as a part of fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Notice of Privacy Policies for Sun Lakes Family Physicians

I _____, understand that as a part of my health care, Sun Lakes Family Physicians, originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment, I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care.
- A Source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were provided, and
- A tool for routine healthcare professionals.

I understand and have been provided with a Notice of Information Practices that provides a more complete description of information uses and disclosures. I understand that I have the following right and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be disclosed to carry out treatment, payment, or health care operations

I understand that Sun Lakes Family Physicians is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already acted in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Sun Lakes Family Physicians, reserves the right to change their notice and practice and prior to implementation, in accordance with Section 164.05 of the Code of Federal Regulations. Should Sun Lakes Family Physicians, change their notice, they will send me a copy of any revised notice to the address I have provided.

I wish to have the following restrictions the use or disclosure of my health information:

I understand that as a part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax. I fully understand and accept/ decline the terms of this consent.

Patient's Signature

Printed Name

Date

Code of Conduct for Patients

To provide a safe and healthy environment for staff, visitors, patients and their families, Sun Lakes Family Physicians expects visitors, patients, and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights and safety of other patients and staff.

As a patient visiting our practice, please consider the following:

- If you have any questions about the care or are unhappy with the service received in our office, please contact our practice manager before your leave our office so that any clarifications about your care or the services you received can be made.
- Please communicate all issues that you wish to discuss with the doctor at the time your appointment is scheduled, so that an appropriate amount of time can be allotted. If you do not do this in advance, another visit may be necessary so that the doctor can give all their patients the time and quality of care they deserve.
- Questions about your billing can be addressed by calling your insurance regarding how they paid the claim. If further assistance is needed, call our office at 480-505-2450 and leave a detailed message so the proper research can be done prior to speaking with you. You can pay your bill on our website www.sunlakesfamphys.com
- Our practice follows a zero-tolerance policy for aggressive behavior directed by patients against our staff.
- Please be courteous with the use of your cell phone and other electronic devices. When interacting with any of our staff please put your devices away. Set the ringer to vibrate before storing away.
- Adults are expected to supervise their children.

The following behaviors are prohibited:

- Possession of firearms or any weapon
- Intimidating or harassing staff or other patients
- Making threats of violence through phone calls, letters, voicemail, email, or other forms of written, verbal or electronic communication
- Physical assault or threatening to inflict bodily harm
- Making verbal threats to harm another individual or destroy property
- Damaging business equipment or property
- Making menacing or derogatory gestures
- Racial or cultural slurs or other derogatory remarks

If you are subjected to any of these behaviors or witness inappropriate behavior, please report to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.

Patient /Guardian Signature _____

Patient DOB _____ Date Signed _____

Emp Initials _____

Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?

The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending or sending an e-mail alert to the patient for address confirmation prior to sending the message. Further, while the Privacy Rule does not prohibit the use of unencrypted e-mail for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted e-mail. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 C.F.R. Part 164, Subpart C.

Note that an individual has the right under the Privacy Rule to request and have a covered health care provider communicate with him or her by alternative means or at alternative locations, if reasonable. See 45 C.F.R. § 164.522(b). For example, a health care provider should accommodate an individual's request to receive appointment reminders via e-mail, rather than on a postcard, if e-mail is a reasonable, alternative means for that provider to communicate with the patient. By the same token, however, if the use of unencrypted e-mail is unacceptable to a patient who requests confidential communications, other means of communicating with the patient, such as by more secure electronic methods, or by mail or telephone, should be offered and accommodated.

Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

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Email Authorization 3/14/22

Sun Lakes Family Physicians- Email Policy

Email is a convenient way to communicate and the HIPAA Privacy Rule permits health care providers to communicate in this fashion (See C.F.R. § 164.530(c)). Sun Lakes Family Physicians will take precautions:

- Verifying your email address prior to any communications
- Sending a test email ensuring you understand the risk involved.
- A response to the email message is required prior to any Personal Health Information (PHI) being sent.

Initial email-

Please keep in mind that communications over the internet via email are not secure. Although is unlikely, there is a possibility that information you include in an email can be intercepted and read by unintended recipients.

Please note, some personal identifying information such as your name and birthdate, will be required to identify you. No one can diagnose your condition from an email or other written communications, and communication via our website cannot replace the relationship you have with your primary care provider.

Do you wish to continue with the transferring of your Personal Health Information (PHI) in this unsecure communication?

Most email providers do not encrypt emails. However, if you do have secure email, our response would also be encrypted.

Reminder: Sun Lakes Family Physicians does have secure messaging and access to some records on our Patient Portal. [Patient Portal Login Page \(eclinicalweb.com\)](http://eclinicalweb.com)

- Yes, I understand the risk of unencrypted email and allow Sun Lakes Family Physicians to correspond / communicate with me via unencrypted email.

Printed email address

Date

Printed name

Signature

- No, I do not want PHI transmitted via unencrypted email.

Printed name

Signature

Information updated by _____

dated _____

Email Authorization 3/14/22