



KEEP

**PRIMARY CARE HOUSE CALLS
WE BRING MEDICAL CARE TO YOU!**

Dear Sir/Madam,

Thank you for your interest to become our patient. To establish you as a new patient, certain steps must be taken first. Please find enclosed forms that need to be completed by you or an authorized person. This also contains a notice how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Please return the completed forms to:

Primary Care House Calls
2744 Gulf Breeze Parkway
Gulf Breeze, FL 32563

Once we receive your forms back, we will contact you once insurance eligibility is verified.

If you have any questions or concerns, please contact the office. We look forward to meeting your medical needs.

Sincerely,

Primary Care House Calls, PA
Phone: 850-934-5713
FAX: 850-934-0379



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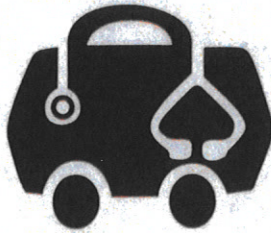
Primary Care House Calls (PCHC) is a Medical House Call Practice designed to provide medical care for patients with limited mobility who find it difficult to get to the doctor's office. Primary care medicine is provided by Nurse Practitioners and Physician Assistants in collaboration with and under the supervision of a physician.

Our team of Physician Assistants and Nurse Practitioners perform physical examinations, diagnose and treat illnesses, order and interpret lab tests, perform procedures, provide patient education and counseling in the comfort of the patient's home. We also prescribe and monitor medications, order therapies, and call on many teams to help us give the best care for our patients including Home Health, Hospice, nursing, activities, dietary and others.

Our patients have consistent and preventive treatment of their multiple medical conditions rather the piecemeal of ER visits in crisis. Homebound patients, unable to travel to the doctor's office will frequently go by ambulance to the emergency room for problems that may have been prevented if treated earlier. This is not only the most expensive medical treatment; it solves problems only for the moment. We intend to stop that cycle allowing patients to stay healthy where they live.

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**PRIMARY CARE HOUSE CALLS
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For Your Information

Primary Care House Calls Patient

- Please provide us with the following documents, if you have them:
 - Living Will
 - POLST
 - Do Not Resuscitate
 - Health Care Surrogate
 - Health Care Power of Attorney
 - Five Wishes
- You must, without exception, complete all new patient forms and consents.
- Please allow ten (10) business days to refill all controlled substances, and 48-hours to refill all maintenance medications. It is patient/family responsibility to notify our office for all refills.
- All refill requests for maintenance medications must come from your pharmacy. If you need a 90-day prescription, please notify your pharmacy.
- If your insurance requires a prior authorization for any testing or medications, please allow ten (10) business days.
- If you leave a message for the ARNP or the office assistant, please allow 24 to 48 hours for a return call.
- Messages left after 1pm will not be returned until the following business day.
- Any paperwork that our office is requested to complete on your behalf may take up to seven (7) business days to process.
- **Dogs MUST be restrained before Practitioner arrives for visit.**

Thank you for your patience!

And thank you for choosing Primary Care House Calls!!!

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3/4/2022

**PRIMARY CARE HOUSE CALLS
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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact our Privacy Officer at **850-934-5713**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (later referred to as "PHI" to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your PHI. "PHI: is information about you, including demographic information that may identify and that relates to your past, present or future physical or mental health or condition and related health care services.

Office Use and disclosures of PHI

Your PHI may be used and disclosed by your Physician, Nurse Practitioner, Physician, office staff and others outside our office (i.e., billing service, mobile x-ray, home health care, etc.) who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills. Where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make:

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and related services.

Payment: Your PHI will be used and disclosed, as necessary, to bill and obtain payment from your insurance company, or a third party for health care services provided to you.

Health Care Operations: We may use and disclose medical information about you for health care operations to assure that you receive quality care.

Other permitted and required uses and disclosures that may be made without your authorization or opportunity to agree or object

Required by law: In compliance with the law and will be limited to the relevant requirements of the law.

Public Health: For public health activities and purposes to a public health authority permitted by law to collect or receive the information.

Communicable Diseases: If authorized by law to a person who may have been exposed to a communicable disease or at risk of contracting or spreading the disease or condition.

Health Oversight: To a health oversight agency for activities authorized by law.

Abuse or Neglect: To a public health authority that is authorized by law to receive reports of abuse or neglect.

Food and Drug Administration: For the purpose of quality, safety or effectiveness of FDA-regulated products or activities.

Legal Proceedings: In the course of any judicial or administrative proceeding.

Law Enforcement: For law enforcement purposes providing all applicable legal requirements are met.

Coroners, Funeral Directors and Organ Donation: For identification purposes, to determine cause of death, and to carry out their duties authorized by law.

Research: To researchers when their research has been approved by an institutional review board.

Criminal Activity: If disclosure will lessen a serious imminent threat to health or safety of a person or the public.

Military Activity and National Security: When appropriate conditions apply.

Worker's Compensation: As authorized to comply with worker's compensation laws.

Uses and disclosures of PHI based upon your written authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You can revoke your authorization to release information at any time. Please understand that we cannot retract any disclosures made while the authorization was in place, and we are required to retain our records of the care we have provided to you.

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Right to inspect and copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes; information compiled for use in civil, criminal or administrative action or proceeding, and PHI to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to request restrictions

You have the right to request a restriction or limitation of the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care, or the payment for your care. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this practice. In your request, you must tell us what information you want to limit.

Right to amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect or copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining the appropriate portion of your record.

Right to an accounting of non-standard disclosures

You have the right to request a list of disclosures we made of medical information about you. To request this list, you must submit your request to the Privacy Officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before October 1, 2013. Your request should indicate in what form you want the list (i.e., on paper or electronically) the first list you request within a 12 month period will be free of charge. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right to a paper copy of this notice

You have the right to a paper copy of the Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this practice.

Your individual rights regarding your medical information

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Changes to this notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective to medical information we already have about you as well as any information we receive in the future. We will post copy of the current Notice with the effective date in the upper left corner of the first page.

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