**Center for Elder Care**

**Patient Authorization for Disclosure of Protected Health Information (PHI) to an Individual**

This form allows you to indicate which individuals you authorize to have access to your protected health information. Please review it carefully.

Patient Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I authorize the Center for Elder Care to disclose or provide protected health information about me to the individual(s) listed below (list each family member, friend, or other individual to receive PHI):***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of disclosure: Patient request

***I authorize the practice to disclose the following protected health information about me to the entity, person, or persons identified above (check only those items of your record to be disclosed):***

* Entire patient record **OR**
* Appointment times
* Office notes
* Lab results and Xrays
* Hospital, nursing home, home health, hospice, and other physician records
* Record of mental health or substance abuse treatment
* Financial history report (previous 3 years only)

As stated in our Notice of Privacy Practices, you have the right to revoke or terminate this authorization by submitting a written request to our Office Manager. You may revoke your authorization at any time. If you would like to change this authorization, please let the front office staff know and they will give you a new form.

We have no control over the person(s) you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization will no longer be protected by the requirements of the Privacy Rule and will no longer be the responsibility of the practice.

Patient/Guardian/POA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Center for Elder Care**

**Authorization for Disclosure of Health Information**

**(Medical Records Request)**

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize the release of the following information to The Center for Elder Care:**

\_\_\_\_\_\_\_\_Complete Medical Record

\_\_\_\_\_\_\_\_ Progress Notes/Consultations (past year)

 \_\_\_\_\_\_\_\_Laboratory reports (past year)

\_\_\_\_\_\_\_\_X-ray and imaging: Specific \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_Immunization records

\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of request:**

\_\_\_\_\_\_\_\_Information needed to treat patient who is in office now

\_\_\_\_\_\_\_\_Information needed for patient appointment on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_Information needed for billing purposes

\_\_\_\_\_\_\_\_Information requested by Dr. Zaheer Khan to assist with medical care of patient

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that revocation will not apply to information that has already been released in response to this authorization.

I understand that authorizing the disclosure of my health information is voluntary. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Patient or POA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical History Fact Sheet- Page 1

Patient Name: Date of Birth:

 **Past Medical History** (Please check if you have had any of the following)

High Blood Pressure

High Cholesterol

Atrial Fibrillation

Heart Disease

Congestive Heart Failure

COPD/Emphysema

Diabetes

Peripheral Neuropathy

Hypothyroidism

Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preventive Care**

Bone Density

Colonoscopy

Heart Stress Test

Heart Catheterization

PSA Test (men only)

Mammogram (women only)

Eye Exam

**Past Surgical History**

Gall Bladder Surgery

Appendectomy

Hysterectomy

Cataracts removed L / R

Prostate Surgery

Back Surgery

Shoulder Surgery L / R

Hip Replacement L / R

Knee Replacement L / R

Stroke/TIA

Parkinson’s Disease

Seizures

Dementia

Osteoarthritis

Osteoporosis

Rheumatoid Arthritis

Urinary Tract Infections

Est Year of Test\_\_\_\_\_\_\_\_\_\_\_\_\_

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Est. Year of Test\_\_\_\_\_\_\_\_\_\_\_\_\_

 Colon Surgery

 Heart Bypass

 Heart Valve Surgery

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_

Irritable Bowel

Diverticulitis

GERD (reflux)

Macular degeneration

Glaucoma

Anxiety

Depression

 Flu shot

Pneumonia shot

Prevnar 13

Shingles shot

 **Medical History** **Fact Sheet** -**Page 2**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History** (Check in the appropriate boxes to identify all illnesses/conditions in your blood relatives)

Relative Heart High BP Stroke Colon Breast Attack Cancer Cancer

Father

Mother

Brother t

Sister

How many children do you have? \_\_\_\_\_\_\_\_\_\_\_ Do they live locally or out of town?  Local Out of town

What is your current living situation? With spouse Alone  With adult child Assisted Living

Do you have a living will? Yes No Do you have a Health Care Proxy? Yes No

If so, who is your Healthcare Proxy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Social History**

Marital Status Single Married Divorced Widowed

Occupation: Still Working Retired J Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a fall in the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colon Prostate Other Illness Age Age Polyps Cancer or Condition if living of death

|  |  |  |  |
| --- | --- | --- | --- |
| Current Use | Past Use | How often per week | How much per day |
| Smoking |  |  |  |
| Caffeine |  |  |  |
| Alcohol |  |  |  |
| Drug Use |  |  |  |

**Specialists**

Cardiologist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endocrinologist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulmonologist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gynecologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Neurologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dermatologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gastroenterologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ophthalmologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hematologist/Oncologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthopedic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medications**

 Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail order pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Medication***(Ex***:** *Your Medicine name)* | **Dosage***(Ex: 81mg)* | **Times per day***(Ex: once a day)*  |
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**Center for Elder Care**

**Patient Signature Sheet**

**Please initial each section below to indicate you have read and understand the information:**

\_\_\_\_\_\_**ASSIGNMENT OF INSURANCE AND FINANCIAL RESPONSIBILITY:** I hereby authorize The Center for Elder Care to release to my insurers and to other physicians full information, including copies of records and operative notes relative to any illness for which I receive services. This authorization will continue in full effect unless cancelled by my request.

\_\_\_\_\_\_**ASSIGNMENT OF INSURANCE BENEFITS:** I hereby authorize payment directly to my insurance company for the benefits payable under terms of my policy. I understand that I am financially responsible for the charges not covered by this authorization.

\_\_\_\_\_\_**PRIVACY POLICY NOTICE:** I understand that I have received a copy of CFEC’s Notice of Privacy Practices and that I can at any time request a copy. This form details how my information may be used and disclosed as permitted under federal and state law.

\_\_\_\_\_\_**UNPAID COPAY:** I understand that if there is a copay required from my insurance company, payment will be required at check-in. If I am unable to pay my copay listed in my insurance policy at the time of the visit, I will be billed for my copay **and an additional $10**. I also understand that chronic non-payment will constitute a hold on my account until payment is made and before my next office visit can be scheduled.

\_\_\_\_\_**MISSED APPOINTMENTS**: If it is necessary to reschedule your office appointment, we require that you give **at least 24 hours notice**. Failure to do so will result in a **$20.00 cancellation fee** on your account. This will not be billed to insurance and you will be responsible for paying the fee. **If you miss your appointment without notifying the office within 24 hours, you will be considered a “No Show” and will be charged a $20.00 fee.** We strive to remind everyone of their appointments. However, it is ultimately your responsibility to write down your appointments and remember them. If you have three “no-shows” in three months, there may be a temporary suspension of services.

\_\_\_\_\_**PATIENT PORTAL**: I have received the Patient Portal Consent and User Agreement and acknowledge that I have read and agree to comply with this secure form of communication.

 **Turn page over**

\_\_\_\_\_**ePRESCRIBING CONSENT:** ePrescribing is a federally mandated initiative that requires all physicians to prescribe in this manner. ePrescribing software sends prescriptions over the internet to your pharmacy in a safe, secure way, utilizing secure technology to protect the privacy of your personal information. I understand and consent for my prescriptions to be sent to my pharmacy in this manner.

\_\_\_\_\_\_**CHRONIC CARE MANAGEMENT**: Due to the complexity of the geriatric patient, Medicare and other insurance companies have started a CCM program. This involves quality management of chronic conditions including communication with other providers, smooth transitions from hospital/rehab to home, 24/7 access to your provider, and 24 hour accessibility to your medical record via patient portal. If you have 2 or more chronic conditions and **more than 20 minutes per month are spent on planning and coordinating care outside the face-to-face visit,** we may bill Medicare for the service. Some examples of prolonged time spent in CCM include: making referrals to specialists, coordinating care with assisted living/skilled nursing facilities, and providing prolonged or multiple telephone calls (over 20 minutes). The fee for this service allowed by Medicare is $42, of which **your portion will be a maximum of $8** for each time that this service is billed. You will be responsible for this fee unless your secondary insurance pays the remaining $8. **This is not a monthly fee** and will **only be billed** if 20 minutes or more per month are spent coordinating your care. **If you choose to opt-out of the CCM program, you will be asked to sign a CCM stop form and you will be required to make a face-to-face office visit for the above mentioned services** (referrals, nursing home forms, issues that require prolonged telephone calls/coordination).

I, the undersigned, have read and understand the policies of the Center for Elder Care and agree to comply with all policies and procedures. I understand that I can ask questions at any time regarding the above mentioned policies.

**Patient/guardian/POA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Portal Consent & User Agreement**

**Purpose of This Form**

Center for Elder Care offers a secure way for current patients to view a portion of their health information kept in an electronic hearth record or EHR. This form provides documentation of your acceptance and agreement to participation conditions including any amended or superimposed conditions that occur. Please maintain a copy of User Agreement.

**Important Information Regarding the Patient Portal**

* User is limited to non-emergency communications and requests.
* In an emergency, call 911 or go to the nearest emergency room.
* The patient portal does not provide internet-based diagnosis, triage or other medical services.
* Information on the patient portal is a limited amount of health information required by law.

**Patient Portal Features**

Access to Health Information: You may view a clinical heath record summary concerning your most recent visit, as well as current medications, lab, and test results.

Additional functionality may be added in the future.

**Etiquette When Using Patient Portal**

* You are responsible for updating your contact information as soon as it changes, including your e-mail address.
* Confirm that your name and other information is correct.

**Privacy**

All communications concerning your personal health information carry some level of risk. While the likelihood of risks associated with use of the patient portal is substantially reduced, there are risks which are important for you to understand. Some helpful things in mind include:

* Do not store, send or access messages on your employer-provided computer or hand held device. Personal information may be accessible by your employer.
* Use a screen saver or close your messages so that others nearby cannot read them.
* Keep your user name and password safe and private and do not share it.
* If you believe someone has discovered your password, you should promptly change it using steps outlined in the patient portal.
* Never use a public computer or kiosk to access the Patient Portal.

When accessing the Patient Portal, Center For Elder Care and its staff are not responsible for security infractions or interruptions resulting from the user’s failure to follow prudent security measures, including but not limited to those described above, or for network infractions beyond its reasonable contract.

**Access, Use of online Communications & Participation Conditions**

* The Patient Portal is an optional service offered as of courtesy to our patients. Use of the Patient Portal is restricted to current patients and is subject to all the terms and conditions of the Patient Portal Consent and User Agreement.
* In addition to communication through the Patient Portal , you may also be directed to contact via telephone or in person at anytime.
* Center For Elder Care does not guarantee that the Patient Portal will be accessible 24 hours a day, 7 days a week. The Patient Portal maybe unavailable, without prior notice to you, due to routine maintenance, or due to circumstances beyond our control. At any time, the Patient Portal maybe suspended or terminated without notice.
* Center For Elder Care and its staff do not have liability or responsibility to any patient or authorized person, or user for their inability to access the Patient Portal. Users will be notified if suspension or termination occurs.
* Based on state regulations and Center for Elder Care does not permit minors to use the Patient Portal.
* By logging on to the Patient Portal, you agree to all terms and conditions of the Patient Portal consent and User Agreement. Center for Elder Care amend, supersede or rescind its Patient Portal Consent and User Agreement at any time without prior notice. Center For Elder Care shall have the discretion to determine how its Patient Portal consent and User Agreement apply in a given situation, and its determination shall be final, binding non-reviewable.
* Center For Elder Care is owner of all of its records and data, whether in electronic, paper or other form, subject to such access, copying and other rights as may be provided to the patient by federal and state law.
* If you receive access to health care information which is not yours, you must immediately stop viewing such information and immediately notify Center for Elder via a secure message on the Patient Portal or by calling us at (256)799-2500



**CENTER FOR ELDER CARE**

**New Patient Appointment Checklist**

\_\_\_\_\_\_\_\_\_Complete the Medical History Fact Sheet and bring with you to your appointment. Be sure to include the names of other health care providers you have seen so that we can transition your care as smoothly as possible between providers.

\_\_\_\_\_\_\_\_Be sure to include **2-3** working phone numbers on your patient information sheet.

\_\_\_\_\_\_\_\_\_ Make a list of your health questions. Ask a friend or relative for help if you need it. Put the questions that are the most important at the top of the list. Your provider may not be able to address everything at one visit, but will prioritize based on your current health and medical conditions.

\_\_\_\_\_\_\_\_Bring all of your medications in their original bottles to your first appointment. Be sure to include prescription, over the counter, natural, and herbal medicines and vitamins.

\_\_\_\_\_\_\_Bring your current insurance card(s) and photo ID with you.

\_\_\_\_\_\_\_If you have problems with your memory or communicating, please bring a trusted friend or relative with you to your first visit.

\_\_\_\_\_\_\_\_Plan to arrive at least 15-20 minutes prior to your scheduled appointment time to complete the new patient check-in process

**Thanks and we look forward to seeing you!**

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**Center for Elder Care**

**New Patient (PCMH) Welcome Letter**

Thank you for choosing the ***Center for Elder Care*** as your medical home. Our health team is committed to providing you and your family with the best geriatric healthcare possible. That is why we have adopted a proven framework called the “Patient Centered Medical Home”.

***What is a patient centered medical home?***

* ***Patient-centered*** means that you and your healthcare are at the center of your medical home.
* ***Medical home*** begins with our practice where a team of professionals, led by your choice of a personal provider work together to provide you with comprehensive and coordinated care.
* ***Patient-Centered Medical Home*** is an approach to providing total healthcare where you join a team that includes health care professionals, trusted friends or family members (if you wish) and most importantly…..you.

The first step is your selection of a **personal clinician**. You will need to select a personal Clinician which will be a Nurse Practitioner. All the Nurse Practitioners collaborate with Dr. Khan on a daily basis and are trained in geriatric medicine. The Nurse Practitioners will be your clinical team leaders for your care. Dr. Khan will be present in the office every day as well.

Your personal clinician leads a team of individuals who collectively take responsibility for your ongoing care including acute and chronic care, preventative services, and sending you to a trusted specialist if needed. Your care team will coordinate all your care needs and is committed to making sure that you end every visit with clear instructions about expectations, treatment goals, and future plans.

Your medical home provides a way for you to be informed about and involved in your health care decisions. What can you do to help?

* Be an active partner in your care
* Learn what you can do to stay as healthy as possible
* Follow the plan that you and your health care team have agreed is best for you
* If you have questions, ask!

To prepare for you first visit, we recommend that you use the “New Patient Appointment Checklist”. If you have any questions, please call 256-799-2500 and our staff will be happy to help you. Please have all forms completely filled out before you come in for your first visit.

Again, thank you for your interest in the Center for Elder Care!

Dr. Khan and staff

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**CENTER FOR ELDER CARE**

**Practice Information Sheet**

**PROVIDERS:** Our providers consist of Dr. Khan and 2 full time nurse practitioners, Julie Beard, CRNP and Betsy Osborn, CRNP. We also have one part time nurse practitioner, Amy Hunter, DNP, CRNP.

**OFFICE HOURS:** Monday through Friday, 8:00am-5:00pm. Phone number is **256-799-2500.**

**AFTER HOURS:**  If you have a medical emergency, call 911 or proceed directly to an Emergency Room. If you have an urgent medical issue that cannot wait until regular office hours, you may call our answering service at **256-799-2500**. The on-call provider will contact you within 30 minutes or less.

**APPOINTMENT SCHEDULING:** The Center for Elder Care is committed to providing quality health care to all patients with the focus on the needs of the patient. Our patient population has multiple medical problems and our goal is to be able to see you as soon as possible to prevent illnesses from getting worse and to avoid hospitalizations.

Every effort will be made to schedule you with your preferred Nurse Practitioner whenever possible. Appointments for regular checkups should be scheduled well in advance. Each provider’s schedule has reserved time for routine, urgent, and same day appointments. We do accept walk-ins but always prefer that you call before you come so that we can more efficiently see you. **Appointments are available Monday through Friday from as early as 8:00 to the last appointment at 3:45.**

If you are unable to keep an appointment, please call at least 24 hours in advance in order to avoid a **$20 cancellation fee**or **$20 no show fee**and to allow your appointment time to be given to another patient.

**SCOPE OF SERVICES AND REFERRALS TO SPECIALISTS:**As your patient centered medical home, our care teams offer accessible care that is personal, coordinated, and comprehensive. We are able to meet most of your health care needs here in our office, including behavioral health.

Dr. Khan is certified in Internal Medicine and specializes in Geriatric medicine. Our Nurse Practitioners are certified through national credentialing organizations ANCC and AANP and have been trained by Dr. Khan in Geriatric medicine.

All of our providers can diagnose and treat the full range of problems that are common in the elderly and base all their care upon evidence-based guidelines. They will provide support, information and handouts to you as necessary to assist you to help you to understand and self-manage your own health. They will coordinate your care across multiple settings as needed including specialists, hospitals, assisted and skilled nursing facilities, DME companies, and home health and hospices.

**EVIDENCE-BASED GUIDELINES:** We base all of your medical care upon evidence-based guidelines. These are guidelines that have been studied and researched and found to be the standard for medical practice. Each individual is different, but these are the standards on which we base our care. Some of the guidelines we use are the following:

**CARE COORDINATION:** The Center for Elder Care is a part of the Medicare Care Coordination Program. This is a program started by Medicare to encourage primary care practices to better coordinate care between providers. Many of our elderly patients have multiple medical problems that require coordinating care with multiple specialists, nursing homes and assisted livings, DME companies, and others

**TRANSFER OF RECORDS:** If we feel that your old records are necessary to improve your care, we will request a transfer of records from your previous provider after you sign a release of medical records.

 In order to be more efficient with your care, we need accurate and up to date records from the specialist that you may see. If you are currently seeing specialists,**it is your responsibility to request that they send updated notes, scans, and reports to our office as soon as possible after your visit with them**. We will then scan these reports into your medical record.

If you have any questions about transferring records, please contact our front office staff .

**PATIENT PORTAL:** Each patient will be given a username and password to access our secure patient portal. On the portal, you will be able to access your labs, medication lists, dates of service, and be able to send secure messages to your preferred provider.

**FINANCIAL RESPONSIBILITIES:** We do accept all Medicare patients and multiple other commercial insurances. Since insurance policies vary greatly in their coverage, it is **YOUR** responsibility to:

* Verify that the provider you are scheduled with is actively participating with your insurance carrier.
* Know your benefits, what services are covered and non-covered.
* Know your financial responsibility in terms of co-pay, percentage of co-insurance, and deductibles.
* Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

**Uninsured patients** will not be turned away and will be considered “cash only”. If you are having difficulty paying for your visits, we will consider it a financial hardship and charge $1 per visit. In order to prove financial hardship, we may request proof of income as well as a 3 month report of bills/bank account balances. Resources to assist you in obtaining basic health insurance is TARCOG (256) 830-0818 ([www.tarcog.org](http://www.tarcog.org)) or The Senior Center (256)513-8297 ([www.seniorview.com](http://www.seniorview.com))