



FVCC Office Policies

We would like to thank you for choosing Fox Valley Care Center as your patient-centered medical home. We have written this document to keep you informed of our current office policies.

Office Hours: Our clinic is open: Monday and Tuesday 8:00am - 7:00pm
Wednesday 7:30am - 12:30pm Thursday 10:00am - 6:00pm Friday, 8:00am – 4:00pm

Appointments: **We see patients by appointment only.**

After Hours and Emergencies: For a serious emergency call 911 right away. If you are not sure and you call our office, please be sure to tell the person who answers the phone that it is an emergency. After hours you will reach our answering service. They will page the provider on call.

Urgent Need or Sudden Illness: We have a limited number of same day or “work-in” appointments available every day. These spots fill up quickly and are worked into the schedule, so there may be a longer wait before you are able to see the physician. You are expected to arrive at the time given by the appointment scheduler. This visit type is for urgent sickness only and we ask that you remain focused on that concern during this appointment. We can schedule an appointment for you at a later date to discuss any other concerns you may have.

Cancellations: Please call within 24 hours if you are unable to keep your scheduled appointment. This allows us to provide that time slot to another patient. If notice is not received, there will be a no-show fee applied to your account for \$35.00.

Arrival After Appointment Time: Any patient that arrives greater than 10 minutes past their scheduled appointment time may not be seen by the physician. ALL appointments are scheduled to ensure we can provide exceptional care to our patients. Though an appointment made may require a wait, we ask that you are here at the time we stated when scheduling the appointment.

Running on time: We know your schedule is busy and that your time is valuable. Please let us know if you have waited more than 30 minutes so we can double check to see if you have been properly checked in. Remember that we are running several different schedules. If someone who arrived after you is called before you, they might be on our lab schedule or seeing a different provider.

Treatment of Minors: Patients under the age of 18 must be accompanied by a responsible adult and have written permission, for treatment, from a parent or guardian.

Lab Work: Some lab work is point-of care testing that we do in our office-like glucose tests, urinalysis, and hemoglobin A1C's. These tests are drawn by one of the medical assistants. Other lab work we send out to a reference lab. Usually this blood is drawn by the phlebotomist who is employed by the lab. In some situations, insurance company requirements dictate that a patient utilize a specific lab for their testing. If your insurance requires a specific lab, make sure you tell us every time.

Labs Ordered by Other Physicians: As a convenience to our patients, we will draw lab work which has been ordered by specialist physicians. If your specialist wants blood tests, but cannot draw them in his/her office, please make sure they complete an order, using appropriate diagnosis codes, for you to bring to our lab. If the lab tests are very specialized, we may refer you to the hospital for completion.



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Complete Physical Exams: We believe that routine, annual complete physical exams with screening lab tests are very important to the maintenance of good health. However, insurance benefits vary. Some policies cover “wellness” and others cover visits when you have a complaint. Please learn about your benefits prior to your appointment so you will know what is covered by your insurance plan.

Prescriptions and Refills:

- The best time to get a prescription refill is at your appointment.
- If you need to call for refills, don't wait until you have run out. Most refills require the doctor's approval and can take 24-48 hours to be completed. If your doctor is out for the afternoon, it may be the next day (or Monday) before it can be authorized.
- Some medications have potential side effects that must be monitored. We require check-ups every 3 - 6 months for these medications. Be sure to keep those follow-up appointments.

Referrals: Referrals are handled by our Referral Dept. Sometimes this can be done on the same day as your appointment and sometimes it can take 5-7 days, depending on your insurance and/or the urgency of your situation. Someone will contact you as soon as the referral authorization is obtained. When you receive the referral from our office you will have all the information needed for your specialist appointment.

Dismissal: If you are “dismissed” from the practice it means you can no longer schedule appointments, with any provider, get medication refills or consider us to be your doctor. You have to find a doctor in another practice.

Common Reasons for Dismissal

- Failure to keep appointments, frequent no-shows
- Noncompliance, which means you won't follow physician instructions about important health issues
- Abusive to staff
- Failure to pay your bill

Dismissal Process

We will send a letter to your last known address, via certified mail and regular mail, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on the letter, we will see you. After that, you must find another doctor. We will forward a copy of your medical record to your new doctor after you let us know who it is and sign a release form.



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 Dr. Carmen Fotso, 151 Dundee Ave Suite C, East Dundee, IL 60118.

WHO WILL FOLLOW THIS NOTICE

This notice describes our practice's privacy practices and that of:

Any physician or health care professional authorized to enter information into your medical chart.

All departments and units of the practice.

All employees, staff, and other office personnel.

All these individuals, sites, and locations follow the terms of this notice. In addition, these individuals, sites, and locations that may share medical information with each other or with third-party specialists for treatment, payment, or office operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our office.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

Ensure that medical information that identifies you is kept private;

Give you this notice of our legal duties and privacy practices with respect to medical information about you; and

Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to the practice's office personnel who are involved in taking care of you at the office or elsewhere. We also may disclose medical information about you to people outside our office who may be involved in your care after you leave the office, such as family members or others we use to provide services that are part of your care, provided you have consented to such disclosure. These entities include third-party physicians, hospitals, nursing homes, pharmacies, and clinical laboratories with whom the office consults or makes referrals.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about procedures you received at the office so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for medical office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to our physicians, staff, and other office personnel for review and learning purposes.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care, provided you have consented to such disclosure. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- o In response to a court order, subpoena, warrant, summons, or similar process;
- o To identify or locate a suspect, fugitive, material witness, or missing person;
- o About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- o About a death we believe may be the result of criminal conduct;
- o About criminal conduct at the office; and
- o In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the office to funeral directors as necessary to perform their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

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. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Fox Valley Care Center Medical record Dept. If you request a copy of the information, we may 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.

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 by or for our office. To request an amendment, your request must be made in writing and submitted to [insert information]. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- o Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- o Is not part of the medical information kept by or for our office;
- o Is not part of the information that you would be permitted to inspect and copy; or
- o Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Fox Valley Care Center. Your request must state a time period, which may not be longer than 6 years and may not include dates before 01/01/2010. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to [insert information]. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Fox Valley Care Center. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, send request to Fox Valley Care Center, 151 Dundee Avenue, Suite C, East Dundee, IL 60118.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Dr. Carmen Fotso, 151 Dundee Avenue, Suite C, East Dundee, IL 60118. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.