**Welcome to Pine Ridge Family Medicine Direct Primary Care!**

You will have un-restricted access to unhurried primary care, essential for your wellbeing and the ongoing maintenance of your health. Direct primary care successfully controls costs both through prevention of chronic illness and by the reduction of administrative expenses since there are no insurance claims filed for routine healthcare needs. Because we have negotiated special contracts, we are able to offer labs, x-rays, and medications at extremely discounted prices. In order to enroll, you will be asked to complete a credit/debit card billing authorization form. Your monthly membership fee will be automatically billed. Incidental charges exceeding $100 (labs, x-rays, medications) will be expected to be paid for at the time of service. *For credit cards that are declined, there will be a $25.00 service fee to cover bank charges.*

**Contact Information:** The office is open from 9am-5pm Monday-Thursday & 9am-noon on Friday. We are closed on most major holidays. When our office is closed, a doctor is always available via call or text if you need *urgent* assistance. If you text during business hours, the doctors may be with patients and it may take a while for them to respond, it is best to call the office for assistance with any issues (including urgent issues) during business hours. Please do not give this dedicated phone number out to anyone who is not a direct primary care patient in our practice. ***The after-hours numbers are only for urgent issues, the Medical Assistants are happy to help with all routine questions and requests (scheduling, medications, billing, etc.) via the main office number.*** Phone calls will be responded to the same day, non-urgent calls received within 30 minutes of closing may be answered the following business day.

Dr. Vecchiarelli and Katie Walusiak FNP will communicate with you via email, text, and phone. We also use email to send invoices and test/lab results. These are considered non-secure methods of communication.

\_\_\_\_\_*I agree to non-secure methods of communication*.

**(initial)**

**Medications:** We highly recommend requesting refills *at least one week ahead of time*. Some medications require lab monitoring or may need to be special ordered if dispensed in-office. In-office medications requested after 4pm (or 11am on Fridays) can be picked up the following business day.

**Release of Information to Other Parties (HIPAA)**

We treat your personal medical records with the utmost privacy and have a very strict medical records policy. We cannot share any information with another person (including your spouse) without your written consent. Likewise, medical information regarding birth control or sexual issues pertaining to a minor child is legally protected information and cannot be disclosed to anyone, including the child’s parents without the patient’s consent.

If you are over the age of 18 and share a plan with family members, they will have access to billing information including but not limited to lab testing, prescription information, etc.

***I give my permission to discuss my medical records with (first name, last name & relation to patient):*** *Ex: spouse, family members, significant others, etc. We cannot discuss any of your information (including prescriptions, billing, etc.) without written permission from the patient.*

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By signing below, I agree to pay the contracted monthly amount by the same day of each month by cash, check, card, or automatic withdrawal. Any additional incidental charges will be collected at the time of service or with the following monthly payment. I certify that I understand the terms and conditions of this PRFM Agreement form. *This contract can be cancelled at any time with a 30-day notification. Prices are subject to change with 90-day notice.*

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**Patient Name (Please print)**

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**Patient or Guardian Signature Date**

Rev. 03/21