

Holly Zapf, ND -- Whole Family Health Clinic

2928 SE Hawthorne, Suite 106, Portland, OR 97214 phone: 503-460-0630 fax: 503-231-4003
wholefamily97214@gmail.com

Fee Schedule and Office Policies

(4/16)

Thank you for allowing me to participate in your health care. The following is an outline of my office policies. I ask that you take the time to read and sign this form. Please ask any questions you may have before signing this agreement.

1. Payment is required at the time of service. Cash or personal check is the preferred payment method. Our office also accepts credit cards and debit cards. Payment plans are available, but must be arranged prior to the office visit.
2. **To cancel an appointment, 48-72 hour notice is required to avoid billing.** Insurance will not cover missed appointments. The office has a 24 hour voice mail service for your convenience.
3. It is the patient's responsibility to verify insurance coverage prior to his / her appointment. If you have insurance that covers your office visits, I ask that your appointments be paid in full until your annual deductible has been met. Thereafter, you will be financially responsible for your co-pay and any medicines that you purchase from the office pharmacy.
4. Account balances past due over 60 days, will incur a monthly 3% interest charge. All returning checks are subject to a \$30 returned check fee.
5. In the event that we are unable to collect on your account, please be advised that any uncollectible fees may be turned over to a collection agency. We will make every effort to work with you before this happens.
6. Brief phone consultations between appointments are free of charge. However, a consultation fee may be charged for calls exceeding 5 minutes in length.

Patient's Signature

Date

Responsible Party's Signature
(If other than patient)

Date

Privacy Disclosure & Policies

As my patient, you have the right to know how your private, confidential healthcare and personal information is being protected. In accordance with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, I have listed below the methods in which I secure your confidential information. As this is a small practice, I am the individual responsible for seeing that the privacy procedures listed below are adopted and followed. [Holly Zapf, ND]

In-office Security

The notes that I take during appointments are secured in a file in a closed filing cabinet. If the patient charts are in public areas, they are stored with the name labels covered. Access to this office is limited to physicians, employees and supervised guests of 2928 SE Hawthorne, #106. Notes that I take during confidential off-site phone calls are kept on a notepad, or in my appointment book that I carry with me, until which time I can transfer the information to your chart. These notes are then secured for future reference would that be necessary. While I am on the phone with you, doors are closed and your full name will not be stated when others are close enough to hear.

Public Interaction

Should I see you socially, by coincidence or intent, I will not acknowledge how we are acquainted unless you infer consent through introduction, etc. It is my preference to discuss your health in the office setting only to protect your privacy and ensure that important information is kept in your chart.

Vendors

I employ a billing service to bill insurance companies for visits. Billing and insurance information is transmitted to Professional Billing Services via fax in a confidential manner and is in compliance with state and federal privacy regulations.

Consultations

I consult with other health care practitioners and clinical / laboratory specialists while working on patient cases and treatment plans. These conversations and transfers of information by phone, in person, by fax or email are confidential and names are not used unless necessary and consent is provided either verbally or in writing.

Records Released

Your confidential health information is private and cannot be copied and shared with anyone else without your written, signed consent. In some cases, if time does not permit, your verbal approval may be accepted after proper identification is acquired. Releasing records is done by photocopy and is most often mailed. It is sent to whom you requested it for and is accompanied by a Confidential Patient Information Cover Sheet. On occasions when faxing of chart notes is required, a Confidential Healthcare Enclosed Fax Cover Sheet accompanies them.

Definitions and Penalties to Comply

Protected Healthcare Information is any information, whether oral or recorded, in any form or medium that: 1) is created or received by a healthcare provider, health plan, public health authority, employer life insurer, school or university or health care clearing house in the normal course of business, and 2) relates to the past, present or future payment or provision of healthcare to an individual. This information may reside in any medium: tape, fax, email or digital voice message.

I have read and understand my right to privacy, as stated above, by Dr. Holly Zapf, N.D. and agree to have her maintain my private information in accordance to her policies and agree to inform her of any special arrangements I need in pertaining to this issue.

Name (printed) _____ Signed: _____ Date: _____

Informed Consent Agreement

By signing below, I give my written consent to treatment by Dr. Zapf. I understand that Dr. Zapf will review any major and relevant procedures, risks, benefits and alternatives for any prescribed treatments or recommended procedures.

I understand that I have the right to ask questions regarding any part of the consultation. I also have the right to discontinue treatment at any time.

Signature _____ Date _____
(patient 18 years or older)

Signature _____ Date _____
(Parent, Guardian, Responsible Party or Legal representative – if applicable)