



Dear Parent,

Welcome to Anderson Family Care!

We look forward to having your child as a patient and getting to know you as a parent as they grow and develop.

Please carefully read over the information in this packet, including a statement of our mission, vision, and core values, new patient information forms, our notice of privacy practices, our childhood vaccine policy, and questions about who can bring your child to the office in your absence. Some of these pages are yours to keep; others, we ask that you return to our office.

It is important that you complete the required enclosed forms and return them to our office before your child's first scheduled appointment. If you cannot return them prior to the appointment, please plan to arrive early for your appointment to allow staff time to input the information.

**\*\*\*We ask that you arrive at least 30 minutes prior to your child's scheduled first appointment.\*\*\***

#### **MEDICAL HISTORY**

- Please take some time to recall your child's birth history and past medical history. This is important information and we appreciate it being accurate on the forms in this packet.

#### **INSURANCE**

- You will need to bring the appropriate insurance card and your driver's license or state issued ID. If there is a secondary insurance/responsible party for your child, we will need this card too. Insurance cards will be copied at each visit.
- If your child's insurance requires a copay, please be prepared to pay the correct amount with a check/money order, cash, or credit/debit card.

#### **MEDICATIONS**

- Please bring any medications your child takes, or a list of them, with you to your appointment. This includes all over-the-counter medications.

Again, we look forward to having your child as a patient at Anderson Family Care!

Sincerely,

Brittney Anderson, MD, FAAFP  
Physician/Owner  
Anderson Family Care, LLC



## CLINIC POLICIES

### ***Cancellations***

If you are ever unable to keep your appointment, please call our office at 334-654-5080 to reschedule. Promptly rescheduling will help our clinic flow and will help other patients who may need to schedule an appointment during the time that would be made available by your cancellation.

### ***Late to Appointments***

Because there is only one physician in clinic each day, efficient scheduling is important. If you are more than 15 minutes late to your scheduled appointment, you will not be seen. We will do our best to reschedule you to the next available appointment, which may not be that same day. If you know in advance that you will be late, please kindly call our office, and we will make arrangements that do not disrupt our clinic flow.

### ***Missed Appointments***

It is imperative that you show up for your scheduled appointments or cancel in advance if you are not able to attend. Anderson Family Care reserves the right to charge a fee in the case of repeated missed appointments. In the case of children who repeatedly miss scheduled appointments (especially well-child/developmental/immunization appointments), Anderson Family Care reserves the right to request assistance from local agencies to ensure that any issues hindering the child from getting to clinic are addressed.

### ***Calls During Business Hours***

Please review our clinic hours. We will do our best to answer each phone call as it comes in to the office. We understand that there may be times when you will be given the option to leave a voicemail and we ask, if it is not urgent, that you leave a message. All voicemails left before 2pm on Monday-Thursday and before 12pm on Friday will be checked and returned before the end of that day. Voicemails left after these times will be checked and returned on the following day. Weekend voicemails will be returned on the next business day.

### ***After-Hours Calls***

You may call our office after hours if there is an urgent matter requiring you to speak to a member of our staff. You will be routed to an answering service who can page Dr. Anderson. Please note that no refill requests will be filled after hours or on weekends; we ask that you keep track of your medication counts and make these requests during office hours. No appointments will be made after hours or on weekends; we ask that you schedule appointments during office hours. If you have an after-hours emergency, we ask that you go to the emergency room! Do not call our office as there will be a delay in our getting back to you—please seek medical attention right away! Please note that overuse of the after-hours line for non-urgent matters may result in a fee.

### ***Medication Refills***

All appropriate medication refill requests will be filled within 24 hours of the request. Controlled medications will not be refilled without a visit to the office. Medications will not be refilled if you have not been seen at Anderson Family Care within the past 6 months. If you request an appropriate refill, you can assume that it will be sent to your pharmacy; you do not need to call our office to confirm, and we will not call you to say that it has been sent. We ask that you check the status of the prescription with your pharmacy before re-calling our office.

### ***Controlled Substances***

We adhere to state and national regulatory guidelines regarding the writing of prescriptions for controlled substances. As a board-certified physician, Dr. Anderson reserves the right to refuse to prescribe any medication or combination of medications that can be harmful or are not medically necessary. Those prescribed controlled medications will be asked to sign and adhere to a controlled substance policy which includes urine drug testing.

### ***Notification of Test Results***

An attempt will be made to notify you within 24 hours of our **receipt** of your test results. Please give us time to receive your results and call you. If your preferred communication is by phone, please ensure that we have an accurate number on file for you and if this number changes, please let us know. If your results are normal and you have elected to receive voicemails from our office, this information will be left in a message. If results require discussion, you will be asked to call our office. After 3 attempts, we will send a letter to the address on file, and you are then responsible for contacting our office. If you do not have test results within one week of the test, please call our office.

### ***Account Balances***

If you have an outstanding balance, you will receive written notification by mail or you can view this information on the Patient Portal. It is important that you clear your balances in a timely manner. We accept cash, personal checks, and all major credit cards. If you are unable to pay your balance, please call our office so payment arrangements can be made. Payment arrangements that are not adhered to are subject to fines and past due accounts may be turned over to our collection agency.

### ***Returned Checks***

If our bank returns your check for insufficient funds, we will ask that you come in to our office to pay the amount of the check plus a \$35 fee, and the total must be paid by cash or card. We will not re-deposit returned checks through the bank. Returned checks that are not resolved within 2 weeks will be turned over to our collection agency.

### ***Insurance***

If you are insured, please be prepared to present your card at each visit. Insurance co-pays are due at the time of your appointment. Please inform our office immediately if your insurance changes.

### ***Forms/Special Letters***

Forms and requests for special letters should be presented to the clinic in a timely fashion. Please do not bring forms to clinic on the day they are due. In order to efficiently serve all patients, we will not stop clinic to complete forms. Please allow 48 hours for all forms to be completed. At your request, and depending on several factors, we may be able to fax these forms to your intended recipient.

### ***Use of Phone in Office***

We do kindly ask that you refrain from talking/interacting on your phone in the exam room during the clinic visit. Our staff intends to give you our full attention during the visit, and we ask the same from our patients.

### ***Use of Photography and Recording Devices***

Recording of the clinical visit and taking photographs during the visit are not permitted, unless explicitly discussed and approved by a member of the staff beforehand.

### ***Clinic Behavior***

As much as we want Anderson Family Care to be a happy place, we understand that sometimes visits to the doctor can be stressful. We will always strive to be kind, courteous, and understanding, and we ask the same from you. Patients who disrupt our environment, either verbally or physically, will be promptly dismissed from our practice and local authorities will be called.



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE READ IT CAREFULLY.**

### 1. ABOUT THIS NOTICE

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and our Business Associates’ subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

### 2. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

## **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Under the law, we must disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

#### **Uses and Disclosures of Protected Health Information that Require Your Prior Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Your prior written authorization is required for:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes
- Disclosures of PHI that constitute a "sale" of protected health information

We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **4. YOUR RIGHTS**

The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information (fees may apply).** Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

**You have the right to request to receive confidential communications.** You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You have the right to request an amendment to your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures.** You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

**You have the right to receive notice of a breach.** We will notify you if your unsecured protected health information has been breached.

**You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically.** We will also make available copies of our new notice if you wish to obtain one.

**We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment.**

## **5. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Practice Manager/Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our Practice Manager/Privacy Officer in person or by phone at our main phone number.

**Please sign the accompanying form acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.**

**You may keep this copy for your records.**



## VACCINE POLICY

At Anderson Family Care, we are passionate about the need for vaccinating children, including your children and our own children.

We firmly believe:

- in the safety of vaccines.
- in the effectiveness of vaccines to prevent serious illness and to save lives.
- that all children and young adults should receive all recommended vaccines according to the schedule published by the American Academy of Pediatrics (AAP).
- based on all available literature, evidence, and current studies, that neither vaccines nor thimerosal, a preservative which has been removed from infant vaccines, cause autism or other developmental disabilities.

Furthermore, we believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers and that parents can offer their children.

The recommended vaccines and their immunization schedule are the results of years of scientific study and data gathered on millions of children. We recognize that there has always been and will likely always be controversy surrounding vaccination, and the subject may be emotional for some parents. Our job as healthcare providers is to strongly encourage you to vaccinate your children based on the current recommended schedule. However, in some cases, we may alter the schedule to accommodate concerns or reservations. Please be advised, however, that delaying or “breaking up the vaccines” to give one or two at a time over two or more visits goes against expert recommendations, which can put your child at risk for serious illness (or even death) and goes against our medical advice. We believe very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults, for everyone’s safety.

Trust is a very important part of the physician-patient-parent relationship. Unfortunately, not trusting your physician about the effectiveness and safety of vaccinations may lead to lack of trust regarding other aspects of pediatric care. We do not wish to put you or ourselves in that position. If you decide to refuse to vaccinate your child despite our strong recommendation, we kindly ask you to find an alternate health care provider.

If you do not wish to refuse vaccination, but simply want more education about the vaccines (e.g., what they do, when they are given, how the schedule is determined, etc.), we would love to talk to you about vaccines. Please feel free to make an appointment and our staff can discuss this with you.

Please keep this document for your records.

Continuing with scheduled appointments after receiving this document will constitute acceptance of our vaccine policy.