Christine M. Stone M.D.

www.remedylongmont.com

702 10th Avenue Longmont CO 80501

Information Sheet for new patients

(This document Is an outline of our basic policies and information.
We reserve the right to modify our policies and information at any time).

- Thank you for choosing to establish care at Remedy Clinic PC! I am Dr. Christine Stone and Remedy Clinic PC is my private practice in Longmont, Colorado. I provide direct pay primary care to individuals ages 18-108. I am board certified in internal medicine. (Individuals older than 108 are of course welcome! 😊)
- I am available for office and remote telehealth visits between **12 noon through 4 p.m. on Sundays, Mondays, Wednesdays, Thursdays, Fridays, and Saturdays.**
- I am **not available** for visits on Tuesdays.
- Visits are **by appointment only**.
- Please arrive **on time** for your scheduled visit. Please know that I do not have a waiting area if you arrive super early. If you have a scheduled telehealth visit, I will phone you at the designated time.
- Please park in the main blue house driveway which is accessible from 10th Avenue. You will see signs indicating this area is reserved for patient parking. Entry to my office space is at the west side of the building. If you are using a wheelchair or a walker, you may, upon prior arrangement with Dr. Stone, use the wheelchair ramp at the front entry of the blue house instead.
- There is a **$50 charge for no show or late cancel** (canceling appointment within 24 hours of scheduled time).
- I am not in network with any insurance plan. In insurance terms, I am an “out-of-network provider” and Remedy Clinic PC is an “out-of-network facility”. **You should expect to pay “out of pocket” for office visits at Remedy Clinic PC.** You will be asked to sign a disclosure form to this effect at your initial visit.
- **Payment is expected at time of service.** I accept cash, check, credit or debit cards, and CashApp.
- **IMPORTANT TO NOTE:** There will be a fee for non-emergency administrative tasks completed on your behalf **when such tasks are done outside the time scheduled for a visit**. Administrative time is billed in 6-minute increments and at rate of $300 per hour. (For example, if I spend 6 minutes completing a form for you and faxing it to your employer, and this does not take place during a scheduled visit, you will be billed $30. Or if I spend 24 minutes on the phone with your policy benefits manager obtaining prior authorization for your prescription or lab test, you will be billed $120.) Please note that in many cases YOU can fax the form or make the phone call on your own behalf and save yourself this expense. In any case, **it is much less expensive for you and much more efficient for me** to complete any administrative items **during** a scheduled visit.
- My direct phone number is **303-641-6002**. **Please call this number for medical urgencies only.** If you think you are having a true medical emergency, you should go to the nearest emergency room for evaluation.
- Please call **303-834-9256** for routine matters that can be addressed in non-urgent fashion. This line will generally be answered by machine.
- Preferred method for appointment scheduling is online at www.remedylongmont.com or at www.christinestonemd.com; secondary method is directly by phone at 303-834-9256.
- Please ask me about the **Remedy Clinic PC Communications Policy** if you are interested in secure options for online communications with Dr. Stone, such as e-mail or text messaging.

REMEDY CLINIC INITIAL INTAKE INFORMATION

TODAY'S DATE: ____

LEGAL NAME: ____

PREFER TO BE CALLED?: ____

PREFERRED PRONOUNS?: ____

HOME ADDRESS: ____

MAILING ADDRESS: ____

PHONE NUMBERS, IN ORDER OF PREFERENCE: ____

OKAY TO RECEIVE TEXT MESSAGES FROM DR. STONE?: **Circle one**: YES NO

OKAY TO RECEIVE E-MAILS FROM DR. STONE?: **Circle one**: YES NO E-MAIL ADDRESS: ____________________

EMERGENCY CONTACT INFORMATION (name/phone/relationship): ______________________________________

DR. STONE MAY DISCUSS MY MEDICAL INFORMATION/RESULTS WITH WHOM (name/phone/relationship)?: __________
____

MEDICATION ALLERGIES: ____

PREFERRED LOCAL PHARMACY: ____

PREFERRED MAIL-ORDER PHARMACY: ____

DATE OF BIRTH: ______________________________

PLACE OF BIRTH: _____________________________

TIME OF BIRTH (IF KNOWN): ____________________

ANY UNUSUAL HEALTH CIRCUMSTANCES NOTED AT YOUR BIRTH? (e.g., prematurity, breech, cesarean, forceps, etc.):
____

INSURANCE DATA (for ordering of labs, imaging, prescriptions, equipment, specialist referrals, etc.):
____
____
____
____

PATIENT SIGNATURE: ____

BILLING DISCLOSURE FORM

Today's date: __________________

I, ____________________________ have chosen to intentionally receive non-emergency healthcare services provided by Christine M. Stone MD at Remedy Clinic PC (collectively referred to as "Dr. Stone"). I understand that Dr. Stone is an out-of-network provider and that Remedy Clinic PC is an out-of-network facility. I have agreed to pay Dr. Stone directly for her services, and I will not submit her office visit charges to my insurance company for reimbursement unless my insurance policy specifically makes provision for reimbursement to me for costs associated with visits to out-of-network providers. I further understand that neither Dr. Stone, nor Remedy Clinic PC accept assignment from insurance companies. (This means that reimbursement payments from the insurance company will not be accepted by Dr. Stone, and should be made directly to me and not to Dr. Stone.) I understand that if Dr. Stone receives any payments for services rendered to me directly from an insurance company, Dr. Stone will return those payments to the insurance company. I understand that regardless of an amount paid to me by an insurance company, I remain responsible for the full amount of the charges.

If I am on Medicare, I understand that Medicare does not reimburse out-of-network providers and I will not submit Dr. Stone's office visit charges to Medicare.

Name (printed): ____

Signature: ____

Consent for Use and Disclosure of Health Information

702 10th Avenue, Longmont Colorado 80501
Telephone: 303-641-6002 Fax: 303-678-8533
Christine M. Stone M.D
CO license#: 38156 NPI#: 1548643281

SECTION A: PATIENT GIVING CONSENT

NAME: ____
ADDRESS: ____
TELEPHONE: ____
E-MAIL ADDRESS: ____

SECTION B: TO THE PATIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change your privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: Christine Stone, MD
Telephone: 303-641-6002
E-mail: info@remedylongmont.com
Address: 702 10th Avenue, Longmont, Colorado 80501

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or continue treating you if you revoke this Consent.

CONSENT

I, ____, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations.

SIGNATURE: ____ Date: ____________________

Relationship to Patient:____

PC

Acknowledgement of Receipt of Notice of Privacy Practices

702 10th Avenue, Longmont Colorado 80501

Telephone: 303-641-6002 Fax: 303-678-8533

Christine M. Stone M.D.

CO license#: 38156 NPI#: 1548643281

I acknowledge that I have received a copy and understand this medical practice's **Notice of Privacy Practices**. I further acknowledge that a copy of the current **Notice of Privacy Practices** is available at the front desk, and that I will be offered a copy of any amended **Notice of Privacy Practices** upon request.

In summary, the **Notice of Privacy Practices**:

1. Outlines to whom we may legally disclose your health information, including your health insurance plan if you are requesting the plan to reimburse you for the cost of our services.
2. States that we will not disclose your health information in any other way, without your written authorization.
3. Outlines your rights as a patient, including the
    - Right to limit what information is disclosed
    - Right to request confidential communication
    - Right to inspect and copy your records
    - Right to amend your records
    - Right to receive a copy of the **Notice of Privacy Practices**
4. Gives us the permission to change our **Notice of Privacy Practices** at any time in the future, at which point you will be notified again.
5. Informs you how to handle a complaint if you feel your privacy has been violated

Your signature below acknowledges that you have received a copy and understand the medical practice's **Notice of Privacy Practices**.

PRINT NAME ____ PHONE____-_____-_____

PATIENT SIGNATURE____ DATE_________________

If not signed by the patient, please indicate relationship:

☐ parent or guardian of minor patient

☐ guardian or conservator of an incompetent patient

NAME OF PATIENT____

Notice of Privacy Practices

702 10th Avenue, Longmont Colorado 80501
Telephone: 303-641-6002 Fax: 303-678-8533
Christine M. Stone M.D.
CO license#: 38156 NPI#: 1548643281

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS VERY IMPORTANT TO US.

OUR LEGAL DUTY
We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect March 4, 2020, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION
We use and disclose health information about you for treatment, payment, and healthcare operations. For example:
Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
Payment: We may use and disclose your health information to obtain payment for services we provide to you.
Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, or other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, or e-mail).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you $0.10 for each page to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before March 4, 2020. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Christine Stone, MD
Telephone: 303-641-6002
E-mail: info@remedylongmont.com
Address: 702 10th Avenue, Longmont, Colorado 80501