

Newton Family Physicians, P.A.

WELCOME TO NEWTON FAMILY PHYSICIANS



*Front Row (1 to r): Jessica Brunley FNP, Crystal Hopson PA, Katherine Laney FNP, Dana Marie Moretz FNP
2nd Row: Bart Lopina MD, Ying Vang MD, David Peltzer MD, Alan Story MD, Shannon Sherfey MD*

Please read the enclosed forms carefully and sign where noted. **It is important that you fill these out completely and bring to your initial visit** or upload directly so that the provider has all the information needed to know your history and your current medical conditions. Having these forms completed and available at your initial visit will allow us to get you in to see the doctor or provider faster and avoid waiting unnecessarily.

CONTACT US

www.newtonfamilyphysicians.com 828-465-3928 (phone) 828-465-3118 (fax)

- **During office hours** call 828-465-3928. Office hours are Monday through Friday 8:00 am to 5:00 pm except during lunch (noon to 1:00 pm). Call for appointment scheduling, clinical questions for the nurse or provider, questions about your medication, questions about your referral or upcoming testing.
- **After hours** call 828-465-3928 for urgent concerns that cannot wait until the next business day.
- You may contact us for routine needs anytime through the Patient Portal www.newtonfamilyphysicians.com.
- **For RX Refill requests** please call your pharmacy if you need a refill. If it is time to see us then go ahead and schedule your appointment to arrange follow-up care and refills.

INSURANCE

We accept most insurance plans but encourage you to verify yours prior to your appointment. If you need to make sure you have a plan we accept please either call the office at 828-465-3928, send us a question through your secure Patient Portal, or contact your insurance directly. **Please bring your insurance card to each visit.** Copays, deductibles and coinsurance amounts are due on the same day that you are seen. Self-pay patients are welcome with fees due on the same day seen.

CREDENTIALS

Our physicians are certified by the American Board of Family Practice

David Peltzer, MD Alan Story, MD Bart Lopina, MD Shannon Sherfey, MD Ying Vang, MD

Our nurse practitioners are certified by the American Academy of Nurse Practitioners

Marie Moretz, FNP-C Katherine Laney, FNP-C Jessica Brunley, FNP-C

Our physician assistant is certified by the National Commission on Certification of Physician Assistants

Crystal Dawn Mosteller Hopson, PA-C

OFFICE HOURS

Monday - Friday 8:00 am to 5:00 pm

Saturday - 8:00 am to 12:00 noon (We reserve the right to close early if there are not patients scheduled.)

CARE COORDINATION

We make referrals to specialists and outpatient testing based on requests from a provider. Some referrals may need prior approvals by your insurance companies which are obtained prior to the referral. Once authorization is obtained the specialist's office or facility will contact you for scheduling. If you do not hear from them in a reasonable time please call back to our office at 828-465-3928 and speak with the Managed Care Department.

ER visits: For true emergencies please call 911 or go to your nearest emergency room. However, if not emergent please call the office or provider on call before you go. We may be able to see you or direct your care to help you avoid going.

Hospital visits: Hospitalist physicians at the facility will direct your care. Please let them know your provider's name here at Newton Family Physicians so that they can send information regarding your care to us. That information will go to your provider and be incorporated into your record here. We only go to the hospital to make rounds on newborns.

Behavioral/Mental health needs: We have agreements with providers in the area for behavioral or mental health care. Most insurance plans allow for self-referral by contacting them directly. If you need assistance we will be happy to refer you to one of our team partners. We can contact them with your specific information and they will contact you directly to make arrangements for care. We have agreements with organizations re: addictions, ADD/ADHD diagnosis, mental health needs.

COMMUNITY RESOURCES

We are able to provide you with information regarding location, services and contacts for:

- Fitness activities in the area including: Silver Sneakers, YMCA, City of Newton, Hospital Fitness facility.
- County programs including: Alcoholics Anonymous, Adult Life Programs, Council of Adolescents
- Care facilities including: Independent/Assisted/Skilled Nursing facilities.

PATIENT PORTAL

We encourage each patient to set up a secure Patient Portal with our practice. Through the Portal you will be able to access parts of your medical records including shot records, labs, work / school notes, etc. You will also be able to communicate with us regarding non-urgent needs, questions, appointment requests, and billing inquiries.

Visit our website: www.newtonfamilyphysicians.com for easy setup instructions.



Newton Family Physicians, P.A.

DEMOGRAPHIC INFORMATION

Name:	<i>Last</i>	Patient SS#:
	<i>First</i> <i>Middle initial</i>	Date of Birth:
Previous Name:		Gender: F or M Gender Identity: F or M
Address:		Sexual Orientation: <i>(circle)</i>
PO Box (if used):		straight / heterosexual or bisexual
City:		lesbian /gay / homosexual or other
State / Zip:	Zip:	don't know or choose not to disclose
E-mail address:	<i>For portal communication and specific appointment reminders</i>	Home #: Cell #:
Employer:		Work #:
Driver License #:	#: State:	Emergency #: <i>Must be different</i>
Marital Status:	Married Single Divorced Widowed	<i>Name:</i> <i>Relation:</i>
Preferred Language:	English Spanish Other	Race: White or Black or Asian
Ethnicity:	Non-Hispanic or Latino	American Indian or Alaska Native
	Hispanic or Latino	Native Hawaiian or Pacific Islander
	Prefer not to answer	Unknown or Prefer not to answer

If patient is child - Child lives with: *(circle)* Both parents Mother / Father / Other *(Name)* _____

Please note who should be primary contact: _____

Parent Name:	<i>Mother:</i> <i>DOB:</i>	<i>Father:</i> <i>DOB:</i>
Parent SS#:	<i>Mother SS#:</i>	<i>Father SS#:</i>
Parent E-mail address:	<i>Mother email:</i>	<i>Father email:</i>
Parent contact cell#:	<i>Mother contact #:</i>	<i>Father contact #:</i>
May we text?:	<i>Mother: Yes or No</i>	<i>Father: Yes or No</i>
Financial Responsibility:	<i>Mother: Yes or No</i>	<i>Father: Yes or No</i>
Insurance through:	<i>Mother: Yes or No:</i>	<i>Father: Yes or No:</i>
Insurance name:	<i>Mother:</i>	<i>Father:</i>

(Must have copy of insurance card)

NOTE: If there is a custody/legal issue that we need to be aware of please let the front desk staff know and provide necessary paperwork for patient's file at the initial visit. (Custody orders specifying information about healthcare, POA for financial, Healthcare POA, etc.)

Consent to Treat—By signing this form, I voluntarily consent to medical treatment from the physicians, nurse practitioners and nurses at Newton Family Physicians, P.A. and be responsible for paying for that treatment. Medical treatment may include, but is not limited to, interview, examination, tests and procedures deemed appropriate by the treating provider. We may also access records from other providers' offices/facilities such as: physician notes, tests, hospital records and pharmacy records. Permission for evaluation and treatment is also granted if the above named patient is a minor, whether accompanied by the parent, other family member, unrelated person or unaccompanied.

Patient Signature or Parent or Guardian signature

Date



Newton Family Physicians, P.A.

PAYMENT POLICY

We at Newton Family Physicians are committed to providing excellent care for you and your family. We are also committed to providing assistance in filing your insurance claims. We participate with most major and many minor insurance plans and do accept assignment of benefits. *By signing this policy you will authorize Newton Family Physicians to receive reimbursement from your plan, to provide any requested information your insurance plan requires for claims review, claims audit and / or claims payment. By signing this policy you will also agree to this payment policy.*

PAYMENT: Payment for services is due in full at each visit. This will include any prior balances created after insurance has paid. We accept payment by cash, check, MasterCard or Visa. Some patients may pay in full by simply paying their copay or coinsurance. Others may have a deductible to meet while others not covered by a participating plan may need to pay the entire visit charges.

INSURANCE: We file most insurance claims but require current & accurate information about your coverage. Copays, coinsurance and deductibles are the responsibility of the patient and are to be paid at each visit. For us to file for the insurance balance you must bring your most recent insurance card to each visit and present it as you check in. If we do not have current and accurate insurance information at each visit you may be required to pay for services in full on that date and until that information is able to be updated in our system. It is recommended that you contact your insurance carrier prior to your appointment to confirm that we are in their network so that you can receive the highest benefits possible. Providers recommend care based on medical necessity and do not always know if your insurance will cover those charges. In the event that your insurance does not cover certain charges you agree to be responsible for payment.

NEW PATIENT CHARGES: New patient charges reflect the additional services provided for patients who have never been seen in the office and for patients who have not been seen for at least three years. By signing this policy you agree to be responsible for these charges.

MEDICARE: We ask that you bring your most recent Medicare & supplemental/secondary card or your Medicare Advantage card to each visit. This will ensure that we provide the most current information to Medicare when filing your claim so that they can send the secondary claim to the correct carrier.

MEDICAID: We ask that you bring your most recent Medicaid card to each visit. If you are covered by Carolina Access we will confirm that your card reflects Newton Family Physicians as your primary care provider. If we are not listed as your primary care provider you will be responsible for all charges for that date of service until an updated card can be provided.

THIRD PARTY LIABILITIES: Unfortunately, we cannot file claims or enter an arrangement for third party liabilities such as motor vehicle accidents, attorney claims, etc. However, upon payment we will provide you a receipt which can be submitted for reimbursement.

WEEKEND / HOLIDAY OFFICE VISITS: There is an additional charge for weekends, holidays and evening office hours. If your insurance company does not cover this charge, you will be responsible for the bill. Please bring your insurance card to each visit.

DIVORCE / SEPARATION: Unfortunately, we cannot become involved in billing arrangements in cases of divorce or separation. We will collect appropriate copays, coinsurance, and/or deductible amounts from the adult bringing the child in for treatment. We will file insurance with the carrier information provided by the guarantor for the child's account.

BILLING STATEMENTS: Billing statements are mailed monthly for any balances due. Service dates still pending with insurance are not billed to you until insurance has responded. Payment is due upon receipt of the monthly billing statement. Unpaid balances are reviewed and may be referred for collections, which could result in reporting to a Credit Bureau.

Name of patient (or representative/relationship)

Signature of Patient (or representative/relationship)

Date



767 West First Street, Newton, NC 28658 Phone 828-465-3928, Fax 828-465-3118

REQUEST FOR MEDICAL RECORDS

(Disclosure of Protected Health Information (4/13/03))

PATIENT: _____ DOB: _____

DATE OF REQUEST: _____ REQUEST EXPIRATION DATE: _____

RECORDS REQUESTED: _____

I specifically authorize records pertaining to: Drugs/alcohol Mental health AIDS other sensitive information

RECORDS TO BE OBTAINED FROM: (Get records from) Transfer of Care? YES NO (circle one)

PRACTICE / DOCTOR _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____

RECORDS TO BE SENT TO:

Newton Family Physicians, P.A.

767 West First Street

Newton, NC 28658

Phone#: 828-465-3928 Fax#: 828-465-3118

Right to terminate or revoke authorization: You may revoke or terminate this authorization by submitting a written revocation to Newton Family Physicians, PA. You should contact the Privacy Official to terminate this authorization.

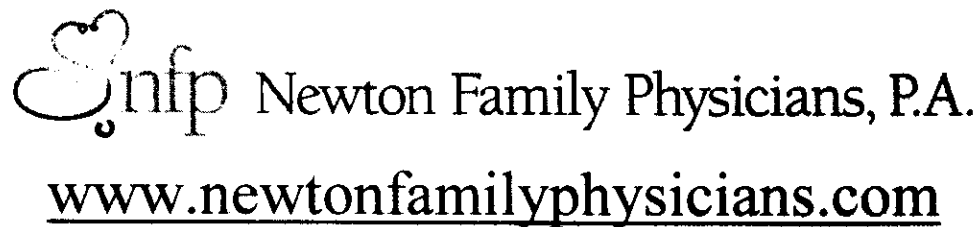
Potential for re-disclosure: Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to protection of the privacy of this information once Newton Family Physicians, PA discloses it to another party.

Rights of the Individual: You have the right to contact and request that your information be protected from anyone that you release your health information to.

Effect of refusing authorization: If you refuse to sign this authorization, Newton Family Physicians, PA will not deny you any treatment except research-related treatment or treatment that you have requested for the purpose of disclosure to others.

PATIENT SIGNATURE: _____ Date _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____



Welcome to the Patient Portal for Newton Family Physicians.

1. Go to the practice website as above
2. Choose “Login”
3. Choose “Patient Portal”
4. Create an account
5. For multiple family members please add a different username. Each can use the same email address.

You will be able to use the secure Patient Portal to:

1. Access certain areas of your medical record
2. Schedule or request appointments
3. Request Rx refills
4. Contact the billing / insurance department
5. Ask your provider or nurse general questions

If you have trouble logging in to the portal please check the following:

1. Pop-up blocker needs to be turned off.
2. Passwords and usernames are case sensitive.
3. Access may be temporarily blocked if there is an old balance on account.
4. If having trouble with the link we send please access the www.newtonfamilyphysicians.com website directly.

If you have any questions or need assistance with the Patient Portal please call the office at 828-465-3928. We will be happy to help you.

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PRIVACY POLICY

Privacy and protection of personal information is important to **Newton Family Physicians, PA**. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. We also try to be open and transparent as to how we handle personal information. This document describes our privacy policies.

WHAT IS PERSONAL INFORMATION: Personal information is information about an identifiable individual. Personal information includes information that relates to: an individual's personal characteristics (ex: gender, age, home address, phone numbers, ethnic background, family status); health (ex: health history, health conditions, health services received by them). Personal information is different from business information (ex: an individual's business location and phone number). This is not protected by privacy legislation.

WHO WE ARE: Our organization, **Newton Family Physicians, PA**, includes at the time of writing five physicians, four nurse practitioners, one physician assistant and thirty four support staff. We use a number of agencies and consultants that may, in the course of their duties, have limited access to personal information we hold. These include computer consultants, cleaning agency, accountants, credit card company, software vendor, attorneys, hospitals, other doctors offices, electronic claims clearinghouse (insurance billing), and financial institutions. We restrict their access to any personal information we hold as much as reasonably possible. We also have their assurance that they follow appropriate privacy policies.

NORTH CAROLINA HEALTH INFORMATION EXCHANGE (NC HealthConnex): Beginning February, 2018, we participate in the North Carolina state-operated Health Information Exchange called NC HealthConnex. For patients with insurance coverage through Medicaid, North Carolina Health Choice and all state employee plans, whether current or retired, we will be sharing relevant health information about you with NC HealthConnex. This will allow other health care providers to access your information when it may be necessary. Please review the NC HealthConnex brochure provided to you.

WE COLLECT PERSONAL INFORMATION: (PRIMARY PURPOSES)

About Patients: Like all physician offices, we collect, use and disclose personal information in order to serve our patients, and provide treatment. For example, we collect information about a patient's health history, including family history, physical condition, medication and life style choices. We also may collect financial information in order to file insurance claims on the patient's behalf. We do this so we can provide the very best care available for the present condition. We also collect information from other offices or facilities to assist in treatment. We may collect information in an emergency situation from family members even if a patient is not able to give consent (ex: the patient is unconscious). All of this information is secured in the proper location in our office and is protected in our electronic health record as well as our practice management system where financial information is stored.

About Members of the General Public: For members of the general public, our primary purpose for collecting personal information is to provide notice of special events (i.e. health fairs) or to make them aware of **Newton Family Physicians'** services in general or for specific notifications (i.e. flu shot reminders). For example, we may collect work information and phone numbers, email addresses, and even emergency contact information.

About Contract Staff, and Students: We collect personal information for contract workers in order to be able to contact them in the future (new work assignments) and for necessary work related communication (sending payroll checks, year end tax receipts). Examples of the types of personal information that we collect are: home address, home/cell telephone numbers. It is rare for us to collect such information without prior consent, but it might happen in the case of a health emergency (TB outbreak) or to investigate a possible breach of law (if theft were to occur in our clinic). If contract staff or students wish a letter of reference or an evaluation, we will collect information about their work related performance and provide a report as authorized by them.

WE COLLECT PERSONAL INFORMATION: (RELATED AND SECONDARY PURPOSES)

Like most organizations, we also collect, use and disclose information for purposes related to or secondary to our primary purposes. The most common examples are: 1) To invoice patients for services not paid for at the time, to process credit card payments or to collect unpaid accounts and 2) To advise patients and others about special events or opportunities (health fair, vaccine supplies) that we have available.

Our office reviews patient charts and other files for the purpose of ensuring that we provide high quality services, including assessing the performance of our staff. In addition, external consultants (auditors, lawyers, practice consultants, voluntary accreditation programs) may on our behalf do audits and quality improvement reviews of our office, including reviewing patient files and interviewing our staff.

Newton Family Physicians, PA is regulated by the American Academy of Family Physicians, the American Medical Association and the American Academy of Nurse Practitioners. We are audited for quality by the Centers for Medicare & Medicaid Services, Drug Enforcement Agency, various insurance agencies and our local hospital where we are on staff. External regulators have their own strict privacy policies (financial institutions, software vendors, collection agency, etc). Also various insurance companies and pharmaceutical companies have their own privacy policies. All of the above entities have the right to review our charts and interview our staff as part of their mandates. In these circumstances, we may consult with professionals (ex: lawyers, accountants) who will investigate a specific matter and report back to us.

The cost of some services provided by the organization to our patients is paid for by third parties (ex: BCBS, Cigna, United Healthcare insurance companies). These third party payers often have patient consent or legislative authority to direct us to collect and disclose to them certain information in order to demonstrate patient entitlement funding.

Patients or other individuals we deal with may have questions about our services after they have been received. We also provide ongoing services for many of our patients over an extended period for which previous records are helpful. We retain our patients information for a minimum of ten years after the last encounter, with the exception of minors in which we retain records for a minimum of ten years after the patient's eighteenth birthday.

If **Newton Family Physicians, PA** or its assets were to be sold, the purchaser would want to conduct a “due diligence” review of the offices records to ensure that it is a viable business that has been honestly portrayed to the purchaser. This due diligence may involve some review of our accounting and service files. The purchaser would not be able to reproduce or remove any personal information. Before being provided access to the files, the purchaser must provide a written promise to keep all personal information confidential.

Patients can choose not to be a part of some of these (ex: by declining to receive notice of special events or opportunities or by paying for your services in advance). However, some of these related or secondary purposes are mandated and not optional.

PROTECTING PERSONAL INFORMATION

We understand the importance of protecting personal information. For that reason, we have taken the following steps:

- Paper information is either under supervision or secured in non-patient access areas.
- Electronic hardware is either under supervision or locked in a restricted area at all times.
- Passwords are used on the servers and by each user.
- Paper information is transmitted through sealed, addressed envelopes by reputable companies.
- Electronic information is transmitted through dedicated lines and has identifiers removed.
- Staff are trained to collect/use/disclose personal information only as necessary to fulfill duties and in accordance with our privacy policy.
- External consultants and agencies with access to personal information must enter into privacy agreements with us.

RETENTION AND DESTRUCTION OF PERSONAL INFORMATION

We need to retain personal information for some time to ensure that we can answer any questions patients might have about the services provided and for our own accountability to external regulatory bodies. However, we do not want to keep personal information longer than necessary to protect your privacy.

We keep our patient files for ten years after the last encounter and, if a minor, ten years after their eighteenth birthday. We keep all originals from our office and will transfer by written authorization copies of personal health information. We will also transfer upon proper written authorization any financial information that patients request.

We destroy paper files or records that have been scanned into our electronic chart by shredding. We destroy electronic information by removal upon proper authorization and confirmation from the provider or the practice administrator. When a computer is retired we ensure that the hard drive is physically destroyed. We require that all copiers and fax machines be erased in our presence before getting rid of them.

YOU CAN LOOK AT YOUR INFORMATION

With a few exceptions, patients have the right to see what personal information we hold on them. We will try to help patients identify information about their records and help them understand information (acronyms, technical language, etc.). We will need to confirm a patient’s identity before providing access. We reserve the right to charge a nominal fee for such requests.

If there is a problem we may ask patients to put their request in writing. If we cannot give access, we will tell a patient within 30 days if at all possible and explain why.

If a patient believes there is a mistake in the information they have the right to ask for it to be corrected. This applies to factual information and not to any professional opinions we may have formed. We may ask you to provide documentation that our files are wrong. Where we agree that we made a mistake, we will make the correction and notify anyone to whom we sent this information. If we do not agree that we have made a mistake, we will still agree to include in our file a brief statement from you on the point and we will forward that statement to anyone else who received the earlier information.

PATIENTS HAVING QUESTIONS

Our Information Officer, Melissa H. White, will attempt to answer questions or concerns patients might have. She can be reached at: 767 West First Street, Newton, NC 28658, or 828-465-3928. If a patient wishes to make a formal complaint about our privacy practices, you may make it in writing to our Information Officer. She will acknowledge receipt of your complaint, ensure that it is investigated promptly and that you are provided with a formal written decision with explanation. If you have a concern about the professionalism or competence of our services or the mental or physical capacity of any of our professional staff we would ask you discuss those concerns with us.

This policy is made under the Personal Information Protection and Electronic Documents Act. That is a complex Act and provides some additional exceptions to the privacy principles that are too detailed to set out here. There are some rare exceptions to the commitments set forth above. For more general inquiries, The Federal Trade Commission (FTC) and the Federal Register have detailed explanations of the Red Flag Rules guidelines for medical practices available. Also you may go to the North Carolina Government website to read about the North Carolina Identity Theft Act which is now in place.

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PERSONAL SURGICAL / MEDICAL HISTORY

Patient Name _____ DOB _____ Date _____

SURGERIES and Surgeon Name

Year of Surgery

PREVENTIVE CARE			
Colonoscopy	Yes or No	Polyps Yes or No	What year?
Mammogram	Yes or No		What year?
Bone Density Scan / DEXA	Yes or No		What year?

MEDICAL HISTORY	YES	NO		YES	NO		YES	NO
Anemia			Depression			Liver disease		
Anxiety			Diabetes			Mental Health Condition		
Arthritis			Drug/Alcohol -Abuse/Addiction			Migraine headaches		
Asthma			Heart attack			Seizure disorder		
Bleeding disorder			Heart murmur			Skin cancer		
Breast cancer			High blood pressure			Stroke		
COPD / Emphysema			High cholesterol			Thyroid disease		
Colon cancer			History of STDs			Other		
Congestive Heart Failure			Kidney disease			Other		

GYNECOLOGIC HISTORY	
# Pregnancies	History of STDs
# Miscarriages	Last PAP smear date
Type of contraception (if applicable)	History of abnormal PAP smears Yes or No

MEDICATION ALLERGIES	REACTION

CURRENT MEDICATION	DOSE	How often	CURRENT MEDICATION	DOSE	How often

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SOCIAL HISTORY

Patient Name _____ DOB _____ Date _____

TOBACCO USE

Do you currently use any form of tobacco? _____
If yes, what type do you use (cigarettes, cigars, chewing or dipping)? _____
At what age did you start using tobacco? _____
How much tobacco do you use (eg. smoke 1 pack/day)? _____
If you used tobacco previously but have now stopped,
please tell us what kind, how much per day,
and for how long you used it (eg. 1 pack/day cigarettes for 9 years).? _____

SECOND HAND SMOKE

Is there any exposure to second hand smoke? _____

ALCOHOL USE

Do you currently drink any form of alcohol? _____
How many servings do you consume _____ per day _____ per week
(Serving size is: 12 oz/beer, 4 oz/wine, 1 oz/liquor) _____ per month _____ per year

ILLCIT (RECREATIONAL) DRUG USE

Do you use any illicit drugs? _____
If yes, what do you use and how much / how often? _____

EXERCISE

Do you have a regular, routine regimen of exercise? _____
If yes, how often do you exercise each week? _____
Is your exercise mainly aerobic, weight lifting or a combination? _____

DIET

Are you following any particular diet (eg. low fat, low carb, diabetic)? _____
Please describe the diet that you are following. _____



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FAMILY HISTORY

Patient Name _____ DOB _____ Date _____

Please tell us about your family history. We are particularly interested in diseases that can run in families like cancer, diabetes, thyroid problems, and/or heart disease.

	Please note only if		
RELATIVE	ALIVE OR DECEASED	AGE at DEATH	MEDICAL PROBLEMS
Mother			
Father			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Sibling #1			
Sibling #2			
Sibling #3			
Sibling #4			
Sibling #5			
Sibling #6			
Sibling #7			

Has anyone in your family been diagnosed with:

Breast cancer?	Yes or No
Colon cancer?	Yes or No
Prostate cancer?	Yes or No
Mental illness?	Yes or No
Substance abuse / addiction?	Yes or No

Newton Family Physicians, P.A.

Newton Family Physicians CODE OF CONDUCT POLICY for PATIENTS – 1/1/2023

Expectations: Visitors, patients and family members will not be unruly or act in a way that is threatening to other patients and staff. Newton Family Physicians will be a place that is safe and healthy for all staff, visitors, patients and their families.

We follow a zero-tolerance policy for violent words or actions by patients aimed at our staff.

As a patient in our practice, we expect:

- If you are unhappy with the service and care received here, you will contact the practice administrative staff before you leave.
- If you have several things to talk about with our providers, please tell us when your appointment is scheduled so you have enough time in your appointment slot. If not, then a second visit might be needed to address all your concerns. All patients deserve time with our providers, and we will do our best to accommodate their needs.
- If you have questions about your bill, you can discuss that with our front desk or at the check out or you may call 828-465-3928 and press #4 to discuss with our insurance department.
- You will watch over your children and keep them safe.
- We would ask that you set your phones to silent and put the phones and other electronic devices away when interacting with our staff.

The following are prohibited:

- Having a firearm or other weapon in your possession in our office.
- Threatening, being violent or harassing staff or other patients.
- Making threats of violence during phone calls, on voicemail, in emails, letters, texts or any form of written or spoken communication.
- The use of Foul Language (cursing).
- Physically assaulting or threatening to inflict bodily harm to our staff or other patients.
- Making verbal threats to harm another individual or destroy property.
- Damaging business equipment or property
- Making menacing or insulting gestures.
- Making racial or cultural slurs or remarks.
- Sexual Harassment of any kind.

If you experience or witness any of these behaviors, please report them to any staff member.

Violators are subject to removal from the facility and/or discharge from the practice.