

HIRSCH HOLISTIC FAMILY MEDICINE PATIENT HANDBOOK

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WELCOME

Namaste New Patients,

Welcome to Hirsch Holistic Family Medicine, the office of Evan H. Hirsch, MD, ABIHM; Louise Boxill, ND, ARNP; David Lerner, LAc, MTCM; and Stacy S. Hirsch, MES. We look forward to being a partner in your healthcare and applaud you for taking an interest in Integrative and Holistic Medicine and the Ideal Micropractice Model. We hope that our partnership will be a fruitful one and have developed this Patient Handbook to explain the practice's policies, fees and procedures.

WHAT TO BRING AND WHEN TO BRING IT

What to return to us 48 hours prior to your appointment:

- Registration Forms
 1. Patient Information Form
 2. Insurance Program Agreement *OR* Membership Program Agreement Form
 3. Credit Card Authorization Form
- Medical History Form *or* Functional Nutrition Intake Form *or* Health Coaching Intake Form

How to Return

Important: We may not be able to see you at your scheduled appointment if these forms have not been completed and sent to our office. Thank you for your diligence!

In person or by mail:
3525 Ensign Rd NE, Suite N
Olympia, WA 98506

Fax: 888-897-8320

Email: admin@doctorevan.com

All of our forms are available on our website, www.doctorevan.com

What to bring to your appointment:

- Insurance Card & ID
- Checkbook or Credit Card for Co-pay or other fees
- Any questions about the process or fees that you might have
- All old records and labs that you possess that you can retrieve from previous providers.

PRACTICE HIGHLIGHTS

We realize there is much to learn about our unique practice, but below are some highlights;

Ideal Micropractice Model: Keeping costs low.

In order to provide longer appointments and high quality holistic care, we need to keep our overhead (expenses) low. This means that you have to be active in your healthcare and make your own decisions. We have limited office staff and encourage you to schedule your own appointments online. As a courtesy, our office will bill your insurance (as part of the Insurance Program). Most patients are referred out to other facilities for hospital coverage, vaccinations and laboratory services.

Patient Portal / Email communication: Primary and preferred form of communication.

We frequently communicate using email for appointment notifications (changes, cancellations, office closures, etc). Confidential data, such as forms, lab work or supplement refills, etc. will be sent using our Patient Portal. It is therefore very impractical for a patient with little to no online access to emails and the web to stay informed.

Integrative Holistic Family Medicine: We use the diagnostic abilities that we learned in our conventional medicine training **and** the treatments that we learned in our Holistic/Natural Medicine training in order to provide an integrated model for healing. Thus, antibiotics and narcotic prescription are not common practice. To promote a healthy environment, please refrain from wearing perfumes, colognes, or smoking prior to visiting the office.

Sustainability: We take insurance because we believe that all persons are entitled to healthcare. However, in order to take insurance, offer longer appointments, email access directly to providers and emergency access, we need to charge a Fee for Non-Covered Services (voluntary for Medicare and Medicaid patients) and sell supplements. This fee is paid monthly (or annually at a discounted rate) and is prorated based on the calendar year. A sliding scale is available for those in financial need. Setting up automatic payment via credit card is required. Let us know if you would like to sponsor a patient who is not able to pay their FNCS.

Fees: Insurance Program: Fee for Non-Covered Services (\$20/month per patient or \$40/ month per family), No-Show Fee (\$25 for 30 min visit, \$50 for 45 min visit and \$100 for a New Patient visit), Insufficient Funds Fee/Bounced Check Fee (\$30). The Fee for Non-Covered Services (FNCS) is voluntary for Medicare and Medicaid patients. We also offer a sliding scale for those in financial need. See the “Payment Options” information in this handbook. Take comfort in knowing that your family has 24/7 phone and email access to your provider!

Payments: Payments, Co-pays, Supplement purchases, FNCS and Membership fees are due at the time of service if not already paid. ***We accept cash, personal check, credit card and debit card for your convenience.***

PAYMENT OPTIONS

We offer two distinct payment options: an Insurance Program (for those who wish to use their current health insurance to pay for services), and a Membership Program (which allows full access to our services for a monthly membership fee). After reading about them, please select one of the options and fill out the appropriate forms, located at the end of this section.

A full fee-schedule is available at the end of this handbook.

INSURANCE PROGRAM (Insurance + Fee for Non-Covered Services)

- We file insurance claims on your behalf
- Individuals pay \$20/month for services not covered by your insurance
- Families pay \$40/month (2 adults and their children)
- 5% discount if paid annually

In order to keep the practice sustainable, HHFM charges all patients utilizing their insurance a \$20/month Fee for Non-Covered Services. Families pay \$40/month. Monthly or quarterly payments must be setup on auto-pay. This fee pays for all the services that are not covered by insurance (that you don't get in traditional practices). The fee is optional for Medicare and Medicaid patients. For those with financial hardships, a sliding scale is available.

This Fee for Non-Covered Services is due to rising costs and decreasing reimbursement and is in lieu of changing entirely to an all membership or cash practice model.

What does this fee cover?

- Expertise in Integrative, Holistic Medicine
- Phone and email access 24/7
- Online appointment scheduling 24/7
- Newsletter and email updates
- Access to supplements on site
- Access to specialty laboratory kits
- Urgent same day or next day appointment availability

Please pay this fee at your new patient visit. This Fee for Non-Covered Services and non-medical services will not be reimbursed by your health plan, although you may be able to use funds from a Medical Flexible Spending Account or Health Savings Account to pay for it (Please check with your plan administrator). In addition, you are responsible for all deductible, co-pays and co-insurance. Credit card or bank authorization forms are required to have on file to cover any outstanding balances.

We accept the following insurances: Lifewise, Regence (NOT SELECTIONS), Uniform, Premera Blue Cross/Blue Shield, First Choice (NOT KPS)

We are not contracted with Tricare Prime or Group Health.

HIRSCH HOLISTIC FAMILY MEDICINE

We are not accepting any more Medicare or Medicaid patients at this time.

MEMBERSHIP PROGRAM (\$75 - 150/month)

The Membership Program is designed for patients with a high deductible insurance plan, those without insurance or anyone who want unrestricted access to us and our unique expertise. Monthly pricing is dependent on the patient's age and the provider selected; see the Fee Schedule for more details.

- No one between you and your care (no insurance).
- \$100-150/month per adult pays for unrestricted access. (cost dependent on provider)
- \$75-100/month per child (cost dependent on provider)
- Minimum expected commitment is 6 months.
- A \$100 enrollment fee applies when starting or re-starting care.
- 5% discount when paid annually.
- No penalties for pre-existing conditions
- Privacy. No one gets to see your records unless you have given permission (unlike insurance coverage)

The Membership Program Fee covers your primary care services, including:

- Expertise in Integrative, Holistic and Functional Medicine
- Phone and email access 24/7
- Online appointment scheduling 24/7
- Coordination of care with specialists
- Newsletter and email updates
- Review of old charts, chart copies and laboratory reviews
- Access to supplements on site
- Access to specialty laboratory test kits
- Individualized treatment strategies
- Personalized research and health information
- Urgent same day or next day appointment availability
- Skype visits (in Washington state) and Phone visits
- Comprehensive annual exams
- Preventive Care/Risk factor assessment
- Injections (B12, scar)
- Procedures such as Well Woman Exams or Skin Biopsies (does not cover pathology reports)
- Lengthy appointment times
- Comprehensive, face to face time, with a written health summary provided at the end of each visit

The Membership Fee does not cover:

- Laboratory fees (though discounts are available)
- Radiology fees
- Hospital or other doctor's fees
- Supplements or medical equipment
- Any other procedures or fees from services not performed at our clinic

Please note that we are not offering insurance, nor are we an insurance broker. We encourage all patients to contact your health insurance companies when you have questions regarding coverage. Our office does not verify any benefits and does not guarantee reimbursements. We will not charge you anything more than the membership fee for our primary care services and we will never submit a bill to your insurance company. Unfortunately, Medicare patients are not able to participate in our Membership Program.

PRACTICE POLICIES

Respect Policy: Mutual respect, honesty, integrity, understanding, patience and compassion are at the core of the patient-physician relationship and should guide all processes therein.

“Open Access”- Same Day appointment scheduling: There will be two daily appointments reserved for patients with acute symptoms that need to be seen right away. These appointments are generally the last two appointments at the end of the day and are made available on the online scheduling program within 24 hours prior to the appointment. If all acute visits are filled, and you still need an appointment, the practice should be notified immediately.

Co-pay Policy: In order to facilitate patient visits, all patients are required to present their co-pay payment to HHFM directly at the time of service. (unless on our Membership Program)

Co-insurance Policy: If you do not have a co-pay, you probably have co-insurance. This means that you pay a certain percentage amount *after* the claim is filed based upon an agreed contracted amount. If you have questions regarding the amounts owed on your EOB (Explanation of Benefits) from your insurance company, please send us an email. Otherwise, HHFM is due the amount indicated under "Patient's Responsibility". This decreases the amount of time that the practice needs to spend on billing and allows us to focus on patient care. If all this insurance talk is too confusing, talk to us about our Membership Program.

Form Completion Policy: All paper forms, (school physicals, FMLA, etc) should be submitted for completion at the time of service. **All forms requiring more than just a signature require an appointment in order to be filled out.**

Supplement Sales: The sale of supplements contributes to the sustainability of the practice. HHFM provides supplements that we recommend as a convenience to our patients. The supplements are typically up less than normal retail prices (since we are not required by the Department of Revenue to charge sales tax) and are paid for at your visit or by arranged pick-up over email. Price comparison with local supplement suppliers is encouraged. We have supplement price lists available for comparison at your request. Please let us know if you have any requests of products that you would like us to carry.

Antibiotics: We generally do not prescribe antibiotic medications over the telephone. With improved access to acute patient visits, an appropriate history and physical examination is usually recommended prior to antibiotic prescriptions.

Narcotics and controlled substances: HHFM providers do not prescribe narcotics except in extremely rare circumstances. In these circumstances, patients requiring narcotics and/or controlled substance medications for longer than a one month period for acute medical issues will be required to sign a contract stating they will receive their controlled substance prescriptions only from HHFM and from a single pharmacy agreed upon by the patient and the provider. Any patient that becomes a registered patient while already using controlled substances will be asked to submit a urine sample for a chemical dependency drug screening. If results of the screening are positive, this will not result in punitive action, but will guide us in arranging appropriate medical management of substance abuse problems. Controlled substances for Attention Deficit Hyperactivity Disorder (ADHD) and similar conditions are generally prescribed only after appropriate psychological and/or psychiatric evaluation.

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Pharmaceutical Samples: We do not provide pharmaceutical samples or entertain pharmaceutical representatives during office hours or allow advertisements for pharmaceutical companies in the office setting. We may periodically attend educational lectures that are sponsored by the pharmaceutical industry if there is an educational component to the event.

Emergency cell phone access: The on-call provider can be reached through the office phone number by registered patients only in the event of an urgent issue or an emergency. All non-urgent issues should be addressed via email and office phone message.

Outsourcing of Clinical Services: Clinical services such as laboratory blood draws, X- Rays, imaging studies, etc., are referred to local radiology and laboratories.

Routine and Acute Gynecological Care: HHFM offers acute (new and urgent) gynecological care and routine gynecological screening exams, through Louise Boxill, ND, ARNP.

Perfumes/Colognes and other scents: Due to the amount of allergies and sensitivities of patients (and Dr. Hirsch) to different environmental products, HHFM requires all patients to refrain from wearing perfume, cologne, or smoking before entering/while in our office.

Vaccinations: Hirsch Holistic Family Medicine does not provide childhood or adult vaccinations. Patients in need of vaccinations will be referred to Immunizing Pharmacists or Health Department clinics for routine vaccinations. We respect the patient and parent's right to choose whether they wish to be vaccinated or not, however, we do request that parents who choose not to vaccinate their children sign a waiver form that recognizes the risks of not vaccinating children. This reflects the liability concerns of the current medical establishment and not my personal views on vaccinations.

Inpatient Hospital Coverage: In the event of a patient's admission to Providence St. Peter Hospital (both for children and adults), Hospital physicians will be assuming care. In the event of a patient's admission to or Capital Medical Center, Hospitalists will assume care. We will provide coordination of care with the Hospitalists and specialists. HHFM providers do not round at local Skilled Nursing Facilities (Nursing Homes).

Insurance companies: As a service to all Insurance Program participants, HHFM is willing to file insurance claims. However, If we encounters an insurance company that is difficult to deal with, we will encourage the patient to call the insurance company to help rectify the situation. If the situation cannot be rectified, HHFM will terminate our practice's relationship with the insurance company. HHFM will continue to work with the patients who have that insurance if other arrangements are made. If you change insurance companies and do not notify HHFM and there is a lapse in coverage, the patient is responsible for the charge for the visit in question. This is also seen as a violation of trust and is ground for discharge from the practice.

OTHER PRACTICE FEES

Insufficient Funds Fee: If your check is not cleared by your bank for insufficient funds and Hirsch Holistic Family Medicine is charged, the patient is responsible for payment of the fee and will be assessed an additional fee of \$30 for the inconvenience and time needed to rectify the situation.

No Shows / Cancellations: Three unexplained no-shows in the span of one year will result in dismissal from the practice. **Appointments that are cancelled with less than 24-hours notice will incur a \$25 fee for a 30 min visit, \$50 for a 45 min visit and \$100 for a New Patient visit cancellation** (Not applicable for Non-Insurance Programs).

EMAIL POLICY

What should I know about e-mail communication? E-mail is fast, convenient, and efficient. E-mail works well for many non-urgent questions, requests or messages you may have for your doctor. The most important thing you should know is that the confidentiality of e-mail exchanges cannot be guaranteed. While the security of e-mail is comparable to other types of communication (such as phone calls), there are some special issues with e-mail:

- If your e-mail address is through your employer, your employer may own all emails sent to that address.
- If your e-mail address is a family address, other family members may see your messages.
- Because e-mails are sent unencrypted through the internet, there is a small risk that messages may be intercepted by others ("hackers").
- You should also know that e-mail you send to your doctor may be read by others in the practice.

What types of communication are appropriate for e-mail?

- Prescription refill requests (though these usually need an appointment)
- Appointment scheduling (but better to do this via the website)
- Billing/insurance questions

The following subjects are never appropriate for e-mail:

- Any urgent medical problem or emergency
- Mental health issues
- Drug and alcohol problems
- HIV and other sexually transmitted diseases

Please keep in mind that although e-mail can be a very effective tool, it is not a substitute for a physical exam or counseling by your doctor.

How do I communicate with my doctor via e-mail?

To communicate with HHFM via e-mail, simply send your e-mail to admin@doctorevan.com

Responses to your e-mails are within 48-72 hours (or two-three business days).

NOTE: On weekends or holidays, or if we are away on vacation, then it may take up to 72 hours for a response. If you do not get an e-mail reply within the expected time, you should assume we did not receive your e-mail. You can then call the practice with your question or request. Again, we do not have a front-office receptionist and calls may take 24 hours for a response.

PATIENT PORTAL POLICY

What should I know about the Patient Portal?

We provide access to a Patient Portal through our website (<http://doctorevan.com/patient-portal>). Correspondence containing sensitive information, such as lab results or medical advice from one of our providers, will be communicated with the patient using the Patient Portal. This is a secure method of sharing your confidential data with you, similar to the level of security provided through an online bank or an online store.

When you receive a message from us in your Patient Portal, you will also receive a notification in the email we currently have on file, indicating that you have a message waiting for you to view. You will need to click the link provided in the notification email to login to your Patient Portal, or go to <http://doctorevan.com/patient-portal> to login.

What types of communication are appropriate for the Patient Portal?

Generally, anything appropriate through email is also appropriate through the Patient Portal, including:

- Prescription refill requests (though these usually need an appointment)
- Appointment scheduling (but better to do this via the website)
- Billing/insurance questions

Additionally, **Non-Urgent Medical Advice** and **Communication about Labs** are appropriate through the Patient Portal.

**NOTICE OF PRIVACY PRACTICE FOR PROTECTED HEALTH INFORMATION
for HIRSCH HOLISTIC FAMILY MEDICINE (“PHI”, “ePHI”)**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read this carefully.

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health-care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for these services.

1. Your Health Information Rights

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- a) Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to the office. We are not required to grant the request but we will comply with any request granted.
- b) Request that you be allowed to inspect and copy your health record and billing record -- you may exercise this right by delivering the request in writing to the office.
- c) Appeal a denial of access to your protected health information except in certain circumstances.
- d) Request that your healthcare record be amended to correct incomplete or incorrect information by delivering a written request to the office.
- e) File any statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all full disclosures of your protected health information.
- f) Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to the office. An accounting will not include internal uses of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- g) Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to the office.
- h) Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to the office. If you wish to exercise any of the above rights, please contact HHFM, in person or in writing, during normal hours. He will provide you with assistance on the steps to take to exercise these rights.

2. Responsibilities of Hirsch Holistic Family Medicine

The practice is required to:

- a) Maintain the privacy of your health information as required by law.
- b) Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you.
- c) Abide by the terms of this notice.
- d) Accommodate your reasonable requests regarding methods to communicate health information with you.

Hirsch Holistic Family Medicine reserves the right to amend, change, or to eliminate provisions in its privacy practices and access practices and to enact new provisions regarding the protected health information maintained here. If the information practices change, this notice will be amended. You are entitled to receive a revised copy of this notice by calling and requesting a copy of our "Notice" or by visiting the office and picking up a copy.

3. To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact HHFM. Additionally if you believe your privacy rights have been violated, you may file a written complaint at the office by delivering the written complaint to HHFM. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services whose street address and e-mail address is 200 Independence Ave, SW, Washington, DC 20201 and HHS.mail@HHS.gov. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice. We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

4. Other Disclosures and Uses

Notification --

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with family --

Using our best judgment and professionalism, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA) --

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation --

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health --

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse and Neglect --

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions --

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and health and safety of other individuals.

Law Enforcement --

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, during cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight --

HIRSCH HOLISTIC FAMILY MEDICINE

Federal law allows us to release your protected health information to appropriate health oversight agencies over health oversight activities.

Judicial/Administrative Proceedings --

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Other Uses --

Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Research --

We may disclose information to researchers when institutional review board has reviewed a research proposal, approved the research and establish protocols to insure the privacy of your protected health information.

Thank you for allowing us to participate in your care and in your lives. It is an honor and a privilege!

FEE SCHEDULE

		Dr. Hirsch	Dr. Boxill	David Lerner	Stacy Hirsch
Membership Program	Monthly Fee Adults (18+)	\$150	\$100	\$100	\$100
	Monthly Fee Children	\$100	\$75	\$75	\$75
	Minimum Expected Commitment	6 mo	6 mo	3 mo	3 mo
Cash Pay	New Patient Visit	\$450	\$400	\$120	\$100
	Followup Visit (60 min)	\$300	\$200	-	-
	Followup Visit (45 min)	\$225	\$150	-	\$85
	Followup Visit (30 min)	\$150	\$100	\$100	-
	Followup Visit (15 min)	\$75	\$50	-	-
Insurance Program	Monthly Fee (Individual)	\$20	\$20	-	-
	Monthly Fee (Family)	\$40	\$40	-	-